

Preliminary Design Report

Great Brook Bridge #2326

over

Great Brook

Camden, Maine

NHPP-2261(000)

WIN 022610.00



**Maine Department of Transportation
Bridge Program**

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BACKGROUND INFORMATION

| | | | | | |
|-------------|--------|------------|-----------|-------------------|------|
| TOWN | Camden | WIN | 022610.00 | BRIDGE NO. | 2326 |
|-------------|--------|------------|-----------|-------------------|------|

| | | | |
|----------------|---------------|--------------------|---|
| FUNDING | Federal/State | STATE ROUTE | 1 |
|----------------|---------------|--------------------|---|

PROGRAM SCOPE: Bridge Replacement

PROGRAM DESCRIPTION: Bridge Improvement: Great Brook Bridge #2326 in Camden carrying Rte 1 over Great Brook.

PROJECT BACKGROUND: This bridge improvement will be constructed simultaneously with a highway reconstruction project on Route 1 which crosses over the bridge. This road reconstruction has influenced the decision to replace the culvert. The three frame bridge was built in 1934 and has reached or exceeded its service life.

| | | | |
|---------------------|---------------|------------|-----|
| JURISDICTION | State Highway | NHS | Yes |
|---------------------|---------------|------------|-----|

| | | | |
|----------------------------------|-----------------|--------------------------|---|
| FUNCTIONAL CLASSIFICATION | Minor Collector | CORRIDOR PRIORITY | 1 |
|----------------------------------|-----------------|--------------------------|---|

| | | | |
|--------------------|-------|--------------------------------|------|
| URBAN/RURAL | Rural | FHWA SUFFICIENCY RATING | 37.8 |
|--------------------|-------|--------------------------------|------|

| | | | |
|---------------------|------|---------------------|--------|
| LOAD POSTING | None | POSTED SPEED | 50 mph |
|---------------------|------|---------------------|--------|

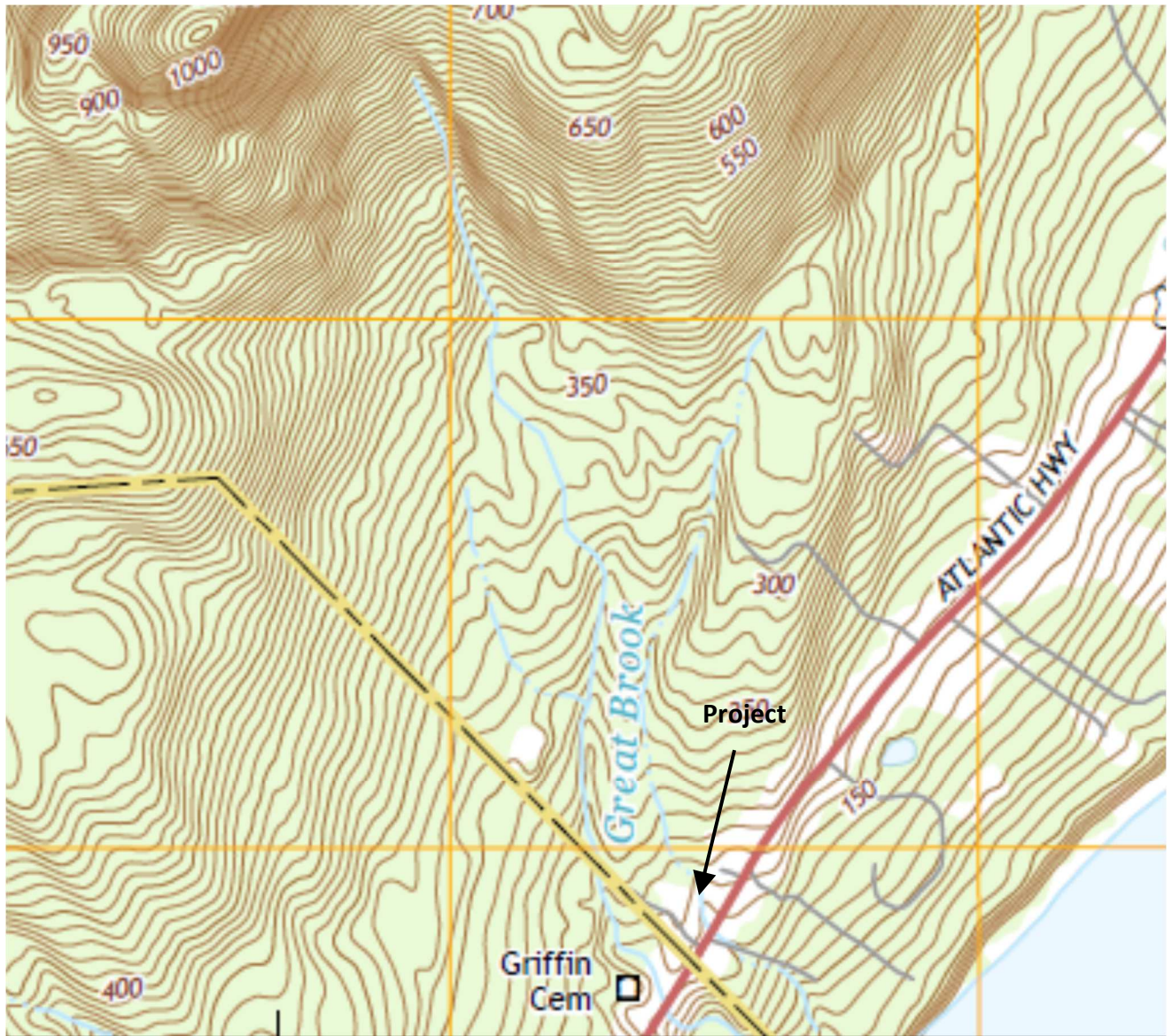
| | | | |
|-------------------------------|-----|------------------------------|-----|
| STRUCTURALLY DEFICIENT | Yes | FUNCTIONALLY OBSOLETE | N/A |
|-------------------------------|-----|------------------------------|-----|

| | | | | | |
|-----------------|------|-------------|------|---------------------------|------|
| TRAFFIC: | 2017 | AADT | 7680 | ACCIDENT DATA, CRF | 0.43 |
|-----------------|------|-------------|------|---------------------------|------|

| | | | | | |
|--|------|-------------|------|------------|-----|
| | 2037 | AADT | 8600 | DHV | 860 |
|--|------|-------------|------|------------|-----|

LOCATION MAP

Camden, Great Brook Bridge #2326, WIN 022610.00
Route 1 over Great Brook



Latitude: 44° 15' 02" N, Longitude: 69° 01' 57" W

BRIDGE RECOMMENDATION FORM

| | | | | | |
|--------------------|---------------|---------------|---------------------------|-------------------|------------------|
| TOWN | <u>Camden</u> | BRIDGE | <u>Great Brook Bridge</u> | BRIDGE NO. | <u>2326</u> |
| DESIGNED BY | <u>KCN</u> | DATE | <u>9/4/2019</u> | WIN | <u>022610.00</u> |
| APPROVED BY | <u>GAG</u> | DATE | <u>9-5-19</u> | | |
| APPROVED BY | <u>BSF</u> | DATE | <u>9/24/19</u> | | |

PROJECT: Bridge culvert replacement coinciding with 1.59 miles of roadway rehabilitation and the Spring Brook bridge culvert replacement. About two feet of fill will be added to the roadway above the culvert. Also, the culvert will need to be widened to match a minimum of the bank full width of 13 feet.

ALIGNMENT DESCRIPTION: Tangent horizontal alignment approximately matching existing; constant 2.1% cross-slope. The fill will be increasing approximately 2 feet, which will be increasing the vertical alignment of the road over the bridge. The proposed structure will have a vertical slope of 4.2% and the top of the pedestal walls upstream will be placed at an elevation of 148 feet, which is above the existing 1.1 year flow elevation.

APPROACH SECTION: There will be two 11' lanes with 5' shoulders on left and right. Side slopes are 2:1 with guardrail.

| | | | |
|----------------|-------------------------------|---------------------|-------------------|
| SPANS | 13' | SKEW | 50° ahead on left |
| LOADING | HL-93 modified for Strength 1 | DESIGN SPEED | 50 mph |

STRUCTURE: 13' three-sided precast concrete culvert with a 3' rise placed on cast-in-place pedestal walls on bedrock.

| | | | | |
|----------------------|-----------------|-------|-----------------|-------|
| TOTAL OPENING | EXISTING | 74 SF | PROPOSED | 39 SF |
|----------------------|-----------------|-------|-----------------|-------|

DISPOSITION OF EXISTING BRIDGE: Existing structure to be removed to below streambed, and to become property of the Contractor.

AVAILABLE SOILS INFORMATION: Two borings (BB-CGB-101 and BB-CGB-102) were drilled and logged at the site on 24 and 25 June 2015 by the MaineDOT drill crew. The borings were drilled on the northern and southern sides of the existing bridge box culvert. In general, the site is underlain by approximately 5 to 10 feet of native silty sand with varying amounts of gravel. The silty sand ranges from loose to dense. The silty sand is underlain by bedrock. The bedrock quality ranges from 'Good' to 'Excellent' based on the Rock Quality Designation (RQD) values. The table below summarizes the approximate depths to bedrock below the ground surface and the approximate top of bedrock elevations at the boring locations.

| Boring No. / Location | Approximate Depth to Top of Bedrock Below Ground Surface (feet) | Approximate Top of Bedrock Elevation (feet, NAVD 88) |
|--------------------------------------|--|---|
| BB-CGB-101 / Camden side | 9.5 | 142.7 |
| BB-CGB-102 / Lincolntonville side | 4.5 | 147.9 |

ADDITIONAL DESIGN FEATURES: None

MAINTENANCE OF TRAFFIC: Traffic will be maintained by staging construction with one lane of alternating two-way traffic. During the first stage, a one lane detour will be built on the upstream side, using part of the existing road. During the second stage, a one lane detour will be placed on part of the newly constructed culvert, which will be on the downstream side.

CONSTRUCTION SCHEDULE: One construction season, likely from July to September.

ADVERTISING DATE: February 2020

| | Program Amount | Available Funding | Estimated Project cost | Shortfall/ Surplus |
|---------------------------------|---------------------------|------------------------------|-----------------------------------|-------------------------------|
| Preliminary Engineering | \$85,000 | \$85,000 | \$85,000 | \$0 |
| Right-of-Way | \$15,000 | \$15,000 | \$15,000 | \$0 |
| Structure and Approaches | \$570,000 | \$570,000 | \$555,000 | \$15,000 |
| Construction Engineering | \$85,000 | \$85,000 | \$105,000 | -\$20,000 |
| Total | \$755,000 | \$755,000 | \$760,000 | -\$5,000 |

UTILITIES: Above ground utilities include Central Maine Power, Fairpoint, Lincolntonville Telephone, Maine Fiber Company and Charter Communications (TWC). The poles are on the upstream side of the road and will need to be moved. There are two CMP transformers that will need to be moved as well.

EXCEPTIONS TO STANDARDS: None

COMMENTS BY ENGINEER OF DESIGN:

SUMMARY OF EXPECTED IMPACTS

RIGHT OF WAY

Number of: Property Owners 2
Buildings to Be Taken 0

Type of Acquisitions: ☒ Fee Simple ☒ Easement
☒ Temporary Rights ☐ Temporary Road

HISTORICAL/ARCHAEOLOGICAL: No archaeological issues. Bridges are not NR-Eligible. No Effect to historic/archaeological resources.

COAST GUARD PERMIT? No

FAA PERMIT? No

ENVIRONMENTAL:

Instream Work Window: Yes From Jul 15 to Sep 30

Wetlands: Freshwater Area 200 SF Stream Area 650 SF

Mitigation Required? No Dredged Spoils Testing Required? No

Stream Diversion: Cofferdams required. Must maintain stream flows during construction.

Expected Permit and NEPA Level:

DEP: Exempt ACOE: Category 2 LURC: N/A
NPDES? No NEPA: CE

Summary of Avoidance and Minimization: The road side-sloping will be increased to 2:1. The proposed structure opening width will be increased to bank full width. The bottom of the bridge will remain open to provide a natural stream bottom.

OTHER: No 4(f) resources identified. No Atlantic salmon issues. Northern Long-Eared Bat presence confirmed at bridge location. Individual Section 7 Consultation will be required unless clearing can be completed between October 15 and April 20.

SUMMARY OF PRELIMINARY DESIGN

BACKGROUND

Great Brook Bridge #2326 is located in Camden on South Belfast Road (Route 1) over Great Brook. This bridge was built in 1934. The bridge is an 11'-0" span three-sided concrete rigid frame, with a total length of 48 feet. The existing rail to rail width is 36 feet. There is about twelve feet of earth fill under the roadway.

Between 1980 and 1981, repair work was done on this bridge. Concrete repairs were made to the curbs and wingwalls. The railings were replaced and the bridge was widened on the upstream side. Plans for these repairs can be found in Appendix D. There are two additional maintenance work items that were completed, which are the wearing surface replacement in 2007 and additional riprap placement on the downstream, southwest channel in 2012.

This bridge replacement will coincide with a 1.59 mile long highway reconstruction project on Route 1 in Camden under WIN 018283.00. The part of Route 1 that will be reconstructed was originally built in 1934 and 1935 during two different projects. All existing drainage structures on the road will be replaced, including the Great Brook Bridge and the Spring Brook Bridge. As part of the road improvements, highway will be adding approximately 2 feet of earth fill to the existing road over the Great Brook Bridge at the centerline of the road.

The environmental impacts at this location will be an important part of this project. Northern Long-Eared Bats are present at this site, so tree clearing can only be done from mid-October to late April. There is also an in-stream work window from mid-July to late September. Based on this schedule, the tree clearing will need to be scheduled before the actual construction time in order to follow the clearing and instream work window dates. Another environmental guideline is that the proposed bridge opening width should be at least the bank full width of Great Brook for fish passage, which is about 13 feet.

The existing culvert will need to be replaced. The top concrete slab on the bridge is structurally deficient and does not pass an HL-93 load rating. The structure has several places of concrete spalling, including the bottom of the top concrete slab where rebar is hanging out of the structure. There is heavy erosion at the end of the bridge curb on the paved shoulder. There is also moderate undermining at the upstream wing walls. The culvert should be lengthened in order to maintain 2:1 side-sloping from the road, which will prevent erosion over the culvert.

PURPOSE AND NEED

There is a highway reconstruction project on Route 1 which crosses over the bridge. This reconstruction project is the reason that this bridge is being replaced at this time. This bridge would have been replaced at a later time, but it is being replaced now to coincide with the

highway project. The purpose of this project is to remove the bridge from the list of structurally deficient bridges in Maine. To do this, the existing culvert will be replaced with a culvert that meets structural, hydraulic and environmental requirements.

MAINTENANCE OF TRAFFIC

There are two options for the maintenance of traffic (MOT). The first option is to close the road during construction. The second option is to stage construction and move the road to one side of the stream during construction.

The first MOT option would have less impact on the project, because the entire culvert could be replaced in one stage. If the road is to be closed at the bridge site during construction, traffic would be detoured over Mountain Street (ME 52), Turnpike Drive (ME 52), Camden Road (ME 52), and Beach Road (ME 173). The detour is approximately 16.8 miles end to end, whereas the normal route is about 5.6 miles. This project is on Route 1 in Camden, which has a corridor priority rating of 1. Also, the construction work will be performed during the summer, which is during the peak traffic volume for the year. Therefore, closing the bridge during construction would have very high impacts to traffic.

The second MOT option is to leave one or two lanes open for traffic by replacing the culvert in stages. All replacement options that were considered are well-suited for staged construction. One consideration for the second MOT option is whether to keep one lane or two lanes of traffic open. The estimated cost for the two lanes of traffic is \$39,000, while the estimated cost for one lane of traffic is \$27,000. The Camden Traffic Data Analysis in Appendix F was completed by the Transportation Analysis Section at Maine DOT. According to the analysis, maintaining one lane should be able to accommodate the summer traffic without capacity issues or excessive delay. This analysis used a construction zone length of 500 feet; a free-flow speed in the work zone of 20 mph and 8% heavy vehicles to obtain a maximum one-lane capacity of 1100 vehicles per hour compared to the high-hour summer volume, which is less than 800 vehicles per hour. Therefore, a one-lane detour will be the best option for the staged construction, as it will have much lower cost impacts and the traffic volume will still be able to be maintained.

Conclusion: Considering traffic impacts, constructing the culvert in stages while keeping one lane of two-way alternating traffic open is the recommended traffic maintenance option.

UTILITIES

There are Central Maine Power, Fairpoint, Lincolnville Telephone, Maine Fiber Company, and Charter Communications (TWC) utility lines aboveground on the upstream side of the road. The poles will need to be moved during construction, which will be coordinated with highway. There is also an abandoned underground telephone cable from Fairpoint, which can be

removed during construction. There are also two transformers, owned by CMP, which will be moved down station and will be set back beyond the clear zone. All utility moves will be coordinated with the highway project.

RIGHT OF WAY

Rights will need to be obtained from two properties that are abutting the project. Also, temporary rights may need to be obtained to construct bank sloping and add riprap aprons. Slope easements will need to be obtained as well, which will be permanent.

SUMMARY OF ALTERNATIVES

Bridge replacement was the only alternative considered for the Great Brook Bridge. The existing three-sided rigid frame bridge is in very poor condition and does not meet the load rating requirements. Since this culvert is located on Route 1 in Camden, which has a high corridor priority rating, the highway reconstruction project is a good opportunity to replace this structure.

One of the design considerations for bridge replacement is the vertical placement of the new structure, which is dependent upon the depth of the bedrock to the roadway and streambed. As will be discussed later, the replacement option will be a buried structure on cast-in-place pedestal walls. According to the borings, the depth of the bedrock from the road is 4.5 feet and 9.5 feet on the upstream side and downstream side respectively. These bedrock depths are about 4.5 feet and 1.7 feet above the bottom of the existing culvert. Since the span will be wider than the current span, it cannot be assumed that the pedestal walls will go in at the same elevation as the existing foundation. Therefore, to place the bridge so that the culvert inlet is at the existing stream elevation, some bedrock may need to be excavated. A shorter rise for the bridge is also recommended in order to meet the minimum cover requirements while keeping the rock excavation at a minimum. The rise of the existing bridge is six feet, while the rise of the proposed bridge is three feet, which still meets hydraulic capacity.

Another design consideration for bridge replacement is the horizontal placement of the bridge. The current length of the culvert is just less than fifty feet. The proposed length is 100 feet. The existing bridge has a skew of 45 degrees and the proposed bridge will have a larger skew of 50 degrees to better align the culvert with the stream. The large skew will make staging difficult, because the sections that meet in the middle of the road width will need to be perpendicular to the direction of the traffic. The pre-cast sections that bisect the roadway will need to be cut to fit this parameter. Another difficulty with the large skew is that it takes some of the length away for detouring traffic over the bridge. Fortunately, the extended length of the bridge will accommodate the additional required length for staging. Please see the suggested staging plans in Appendix A for further clarification.

The recommended bridge span for fish passage is 1.2 bank full width or at least bank full width. The measured bank full width of Great Brook is 13 feet and 1.2 bank full width is 15.6 feet. The current span of the bridge is eleven feet, so a thirteen foot span would not be a significant difference in size and will still be able to meet hydraulic standards. Therefore, the 13 foot span will be used for the proposed structure.

The following alternatives were considered:

1. Three Frame Pre-cast Concrete Bridge with cast-in-place pedestal walls (13' span vs. 16' span)
2. Con/Span Arch with cast-in-place pedestal walls (13' span vs. 16' span)
3. Steel Multi-Plate Steel Arch with cast-in-place pedestal walls (13' span vs. 16' span)

Alternative 1: Three Frame Pre-cast Concrete Bridge

This option consists of a 13'-0" span by 3'-0" rise or a 16'-0" span by 3'-0" rise three frame precast concrete bridge with a total length of 100 feet. The weight for a five foot piece would be approximately 7.2 tons and 8.1 tons for the 13' span and 16' span respectively. The three frame bridge has the lowest rise option, which is helpful to reduce the required rock excavation. This bridge option would have low maintenance and life cycle cost as well as a long service life. It is also a more economical option than a concrete arch.

The wingwalls and headwalls on the upstream and downstream end of the arch would be precast as well. The wingwalls would be precast concrete modular gravity (PCMG) walls. These wingwalls would also be used for the concrete arch option.

Alternative 2: Con/Span Pre-cast Concrete Arch

This option consists of either a 13'-0" span by 3'-2.9" rise or a 16'-0" span by 4'-1.2" rise pre-cast concrete arch with a culvert length of 100 feet. The approximate weight for a five foot piece would be about 5.5 tons for the 13' span arch and about 8.0 tons for the 16' span arch. Like the three frame bridge, concrete arches have low maintenance and life cycle costs and long design lives. They use less material than the three frame pre-cast concrete bridges. The arches should be installed starting at the downstream end and working upstream. This is the recommended procedure for installation by the manufacturer, because the bridge will be placed at a slope.

As mentioned previously for the three frame bridge, the wingwalls will be PCMG walls and the headwalls will be precast.

Alternative 3: Steel Multi-Plate Arch

This option consists of a 13'-0" span by 4'-1" rise or a 16'-0" span by 5'-3" rise steel multi-plate arch with a total length of 100 feet. The culvert would be tapered along the banks. The

installation would be the most efficient alternative, because the plates are simple to assemble in the field and they are the lightest structure option.

This option is the most economical alternative, with an estimated cost of \$620,000 for a 13' span structure. However, it would require more future maintenance than the other two arch alternatives. It also is the least durable option and has the lowest life expectancy. The structure would be placed under a Corridor Priority 1 roadway. Therefore, to minimize future maintenance and maximize the service life, this alternative will not be considered as an option in a detail-build contract.

Conclusion: Options 1: 13' Three Frame Bridge

PROPOSED ALTERNATIVE

Precast concrete three frame bridge, on cast-in-place foundations on bedrock. The span will need to be at least 13 feet to meet bank full width recommendations. The rise will need to be at least 3 feet. The bridge will require at least 1 foot of fill over it or the minimum fill required by the manufacturer, whichever is larger. The preliminary estimate for 1.2 bank full width buried structures each cost between \$10,000 and \$20,000 more than their respective bank full width structures and will require more excavation. Therefore, the smaller span structure will be used for this location. Per the Environmental Office, a bank full structure should be adequate for permitting this construction.

The preliminary cost estimate of this replacement is \$760,000. For more information please see Appendix G.

EXISTING BRIDGE SYNOPSIS

TOWN Camden **BRIDGE** Great Brook Bridge

YEAR BUILT 1934 **SPAN LENGTHS** 11' **CURB TO CURB WIDTH** 23'

TYPE OF STRUCTURE: Three Frame Concrete bridge, with a span of 11' and a rise of 6', open bottom.

GENERAL CONDITION: The deck is in poor condition and the substructure is in fair condition. There is heavy erosion at the end of the bridge curb on the paved shoulder. Also, the underdeck has spalling and exposed rebar. Under the deck, the opening is narrow and low and there is ledge under the bridge that may constrict flow.

| BRIDGE RATINGS: | OPERATING | INVENTORY |
|------------------------|------------------|------------------|
| HL-93 | 55.3 Tons | 31.8 Tons |

FHWA SUFFICIENCY RATING 39.8 **POSTED LOAD/DATE** N/A

MAINTENANCE PROBLEMS: Heavy erosion, cracking, spalling, and rebar exposure.

MAINTENANCE WORK: Rail and curb maintenance, substructure repair and bridge widening in 1980-1981, wearing surface replacement in 2007, channel repair in 2012.

PREVIOUS STRUCTURE: unknown

OTHER COMMENTS: none

HYDROLOGY REPORT

The Great Brook Bridge (#2326) on South Belfast Road in Camden spans over the Great Brook. Great Brook flows south into the Atlantic Ocean about 1400 feet from the bridge. Great Brook flows from Lincolnville down to Camden. One part of the Brook originates from between Bald Rock Mountain and Garey Mountain at an elevation of 590 feet. The other part originates at an elevation of 340 feet. It flows downhill and meets together about a thousand feet from the Camden-Lincolnville town line.

There is a FEMA flood insurance study and rate map that was completed for the town of Camden in 1988, but the Great Brook was not studied or even considered, so no base flood elevations or depths are given. Hydrology was evaluated for Spring Brook by the Maine Department of Transportation Environmental Office- Hydrology Section. Peak flows were calculated with techniques described in the United States Geological Survey Water-Resources Investigations Report 99-4008 (Hodgkins, 1999). The table below summarizes the flow events and the drainage area.

| SUMMARY | | |
|---------------|-------|--------------------|
| Drainage Area | 0.68 | mi ² |
| Q1.1 | 14.8 | ft ³ /s |
| Q10 | 75.3 | ft ³ /s |
| Q50 | 122.1 | ft ³ /s |
| Q100 | 145.0 | ft ³ /s |
| Q500 | 205.4 | ft ³ /s |

Reported by: Kendra

Date: November 13, 2018

Note: Relevant data and reports are provided in the appendix of this Preliminary Design Report.

HYDRAULIC REPORT

The bridge runs through Great Brook below Route 1 on South Belfast Road. At the time of the survey for original construction in 1933, the high water elevation was 148.0 feet per the plans, which was given by local information. This elevation is about a foot below the top of the bridge.

On June 30th, 2015, the stream was moving at a fairly high velocity. At the upstream, there is a large rock that spans the stream. The water flows over this rock from a slightly higher elevation and then flows through a ledge and rocky bottom. The upstream floodplains consist mainly of vegetation. There is ledge in the culvert that is above the culvert bottom elevation on the left side right after the inlet, which is depicted in Figure 1. Downstream of the culvert, there is ledge, boulders and a few fallen trees and brush. The downstream floodplains are made up of vegetation and trees.



Figure 1 Ledge under Bridge

Hydraulics for the existing bridge and the proposed thirteen foot concrete three-frame bridge were analyzed using HY-8, version 7.50 software. The flows used for the hydraulic analysis were

calculated from the USGS Regression Equations (Hodgkins, 1999). Below is a list of parameters used for the existing stream profile and for the existing culvert.

Stream

- Cross Section: Irregular; survey data was used to input station and elevations of 10 points that represent a typical cross-section of the tail-water channel.
- Stream slope: 0.07 ft/ft
- Manning's n: 0.038 stream
0.080 flood plain

Culvert

- Concrete Slab: 11'-0 span and a 6' rise
- Slight skew
- Manning's n: 0.012 sides
0.038 bottom

The results of the analysis for the existing and proposed bridges are summarized at the end of this section. The complete HY-8 Culvert Analysis Report is provided in Appendix E. The headwater elevation to culvert depth (HW/D) ratio of the existing culvert is 0.4 at the Q50 design discharge which is much lower than the recommended 0.90. The existing culvert would overtop the road at a discharge rate of 762.7 ft³/s, which is much higher than the Q500 flood event. Therefore, the existing culvert is adequate to meet hydraulic standards.

Below is a list of parameters used for the proposed stream profile and for the proposed bridge. The downstream section changed from that of the existing culvert, since the length of the culvert will be increasing and covering part of the stream.

Stream

- Cross Section: Irregular; survey data was used to input stations and elevations of thirteen points that represent a typical cross-section of the tail-water channel.
- Stream slope: 0.07 ft/ft
- Manning's n: 0.038 stream
0.080 flood plain

Proposed Bridge: 13' Three Frame Concrete Bridge

- Three Frame: 13'-0" span by 3'-0" rise with 2' high pedestal walls
- Straight Culvert
- Manning's n: 0.012 sides
0.038 bottom

The HW/D ratio of the proposed culvert is 0.6 at the Q50 design discharge which is still significantly lower than the recommended 0.90. The proposed culvert would overtop the road at a discharge rate of 879.1 ft³/s, which is higher than the Q500 flood event. Therefore, the proposed culvert will meet hydraulic standards per the Bridge Design Guide.

SUMMARY

| | | Existing Structure | Recommended Structure |
|--|-----------------|------------------------|--------------------------------------|
| | | 11' Span Concrete Slab | 13' Span Three Frame Concrete Bridge |
| Total Area of Waterway Opening | ft ² | 66.0 | 63.0 |
| Headwater elevation @ Q _{1.1} | ft | 144.1 | 145.1 |
| Headwater elevation @ Q ₁₀ | ft | 145.1 | 146.0 |
| Headwater elevation @ Q ₂₅ | ft | 145.5 | 146.3 |
| Headwater elevation @ Q ₅₀ | ft | 145.7 | 146.5 |
| Headwater elevation @ Q ₁₀₀ | ft | 146.0 | 146.7 |
| Headwater elevation @ Q ₅₀₀ | ft | 146.6 | 147.3 |
| Hw/D @ Q ₅₀ | ft | 0.4 | 0.6 |
| | | | |
| Outlet Velocity @ Q _{1.1} | ft/s | 6.6 | 5.7 |
| Outlet Velocity @ Q ₁₀ | ft/s | 11.8 | 10.3 |
| Outlet Velocity @ Q ₂₅ | ft/s | 13.0 | 11.4 |
| Outlet Velocity @ Q ₅₀ | ft/s | 13.9 | 12.2 |
| Outlet Velocity @ Q ₁₀₀ | ft/s | 14.6 | 12.9 |
| Outlet Velocity @ Q ₅₀₀ | ft/s | 16.6 | 14.4 |

Reported by: Kendra
Date: November 6, 2018

Note: All elevations based on North American Vertical Datum (NAVD) of 1988.

APPENDIX A

Preliminary Plans

Date:11/9/2018

Username: common

Division: HIGHWAY

Filename: \\00\BRIDGE\WSTA\001_Title.dgn

STATE OF MAINE
DEPARTMENT OF TRANSPORTATION



SPECIFICATIONS

Design: Load and Resistance Factor Design per AASHTO LRFD Bridge Design Specifications, Eighth Edition 2017 with 2018 Interim Revisions.

DESIGN LOADING

Live Load HL - 93 Modified

TRAFFIC DATA

Current (2017) AADT7680
Future (2037) AADT 9220
DHV - % of AADT 10
Design Hour Volume 922
Heavy Trucks (% of AADT)7
Heavy Trucks (% of DHV)5
Directional Distribution (% of DHV)53
18 kip Equivalent P 2.0 377
18 kip Equivalent P 2.5 359
Design Speed (mph) 50

HYDROLOGIC DATA

Drainage Area 0.68 sq mi
Design Discharge (Q50)122.1 cfs
Check Discharge (Q100) 145.0 cfs
Headwater Elevation (Q1.1) 145.1 ft
Headwater Elevation (Q25)146.3 ft
Headwater Elevation (Q50)146.5 ft
Headwater Elevation (Q100) 146.7 ft
Discharge Velocity (Q1.1) 5.7 fps
Discharge Velocity (Q50)12.2 fps
Discharge Velocity (Q100) 12.9 fps

MATERIALS

Concrete:
Precast Class "P"
Fill "Fill"
All Other Class "A"
Reinforcing SteelASTM A 615/A 615M, Grade 60

BASIC DESIGN STRESSES

Concrete f 'c = 4,000 psi
Precast Concrete f 'c = 5,000 psi

Reinforcing Steel f y = 60,000 psi

LIST OF DRAWINGS

Title Sheet 1
General Plan and Profile2
Culvert Details3
Stage Construction4-6

CAMDEN
KNOX COUNTY
GREAT BROOK BRIDGE
OVER
GREAT BROOK
US ROUTE 1
PROJECT NO. NHPP-2261(000)
PROJECT LENGTH 1.54 mi.
BRIDGE NO. 2326

PRELIMINARY
NOT FOR
CONSTRUCTION
11/9/2018

UTILITIES

Central Maine Power Company
Consolidated Communications
Lincolnvile Telephone

Time Warner/Spectrum
Maine Fiber Company

MAINTENANCE OF TRAFFIC

Traffic wil be maintained with staged construction using one lane of alternating one - way traffic.

| | |
|------------------|---|
| PROJECT LOCATION | U.S. Route 1 in Camden, approx. 0.1 miles southerly of the Lincolnvile T/L Lat./Long. 44° 15' 02" N, 69° 01' 57" W |
| PROGRAM AREA | Highway Bridges - Traditional |
| OUTLINE OF WORK | Bridge culvert replacement coinciding with 1.54 miles of roadway rehabilitation. |

WIN 22610.00

NHPP-2261(000)

CAMDEN
GREAT BROOK BRIDGE

TITLE SHEET

SHEET NUMBER

1

OF 6

| | | | |
|--|-----------------|---------------|--|
| STATE OF MAINE DEPARTMENT OF TRANSPORTATION | APPROVED | DATE | |
| | | COMMISSIONER: | |
| | CHIEF ENGINEER: | | |
| | | | |

PRELIMINARY
NOT FOR
CONSTRUCTION
11/9/2018

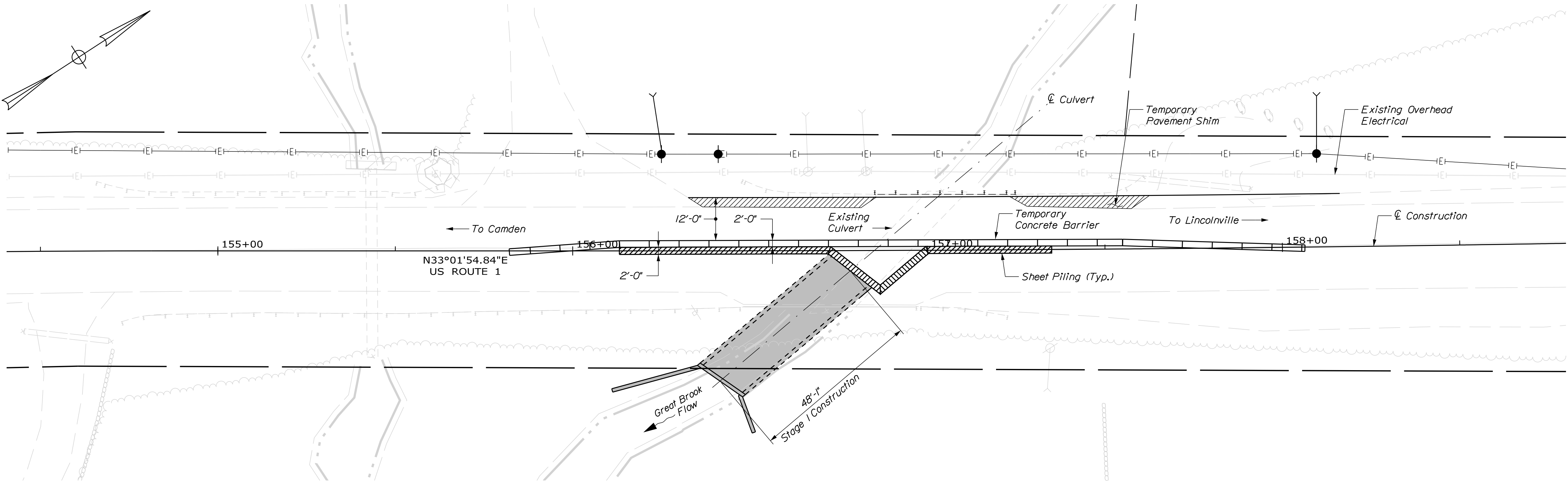
| PROJECT INFORMATION | |
|-------------------------|----------------|
| PROGRAM | BRIDGE PROGRAM |
| PROJECT MANAGER | MARK PARLIN |
| DESIGNER | KENORA WASH |
| CONSULTANT | |
| PROJECT RESIDENT | |
| CONTRACTOR | |
| PROJECT COMPLETION DATE | |

Date:11/9/2018

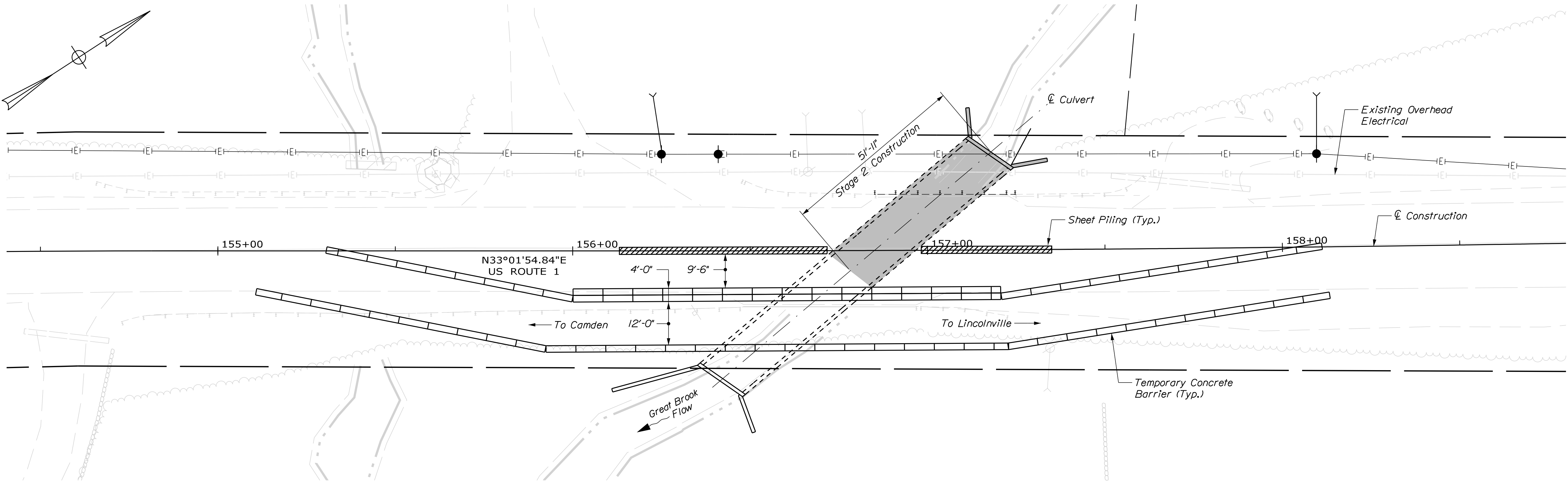
Username: common

Division: HIGHWAY

Filename: ... \MSTAD004_StageConstr1.dgn



STAGE 1
 Scale: 1/16" = 1'-0"



STAGE 2
 Scale: 1/16" = 1'-0"

STATE OF MAINE

DEPARTMENT OF TRANSPORTATION

NHPP-2261(000)

WIN

BRIDGE NO. 2326

22610.00

BRIDGE PLANS

PRELIMINARY

NOT FOR

CONSTRUCTION

11/9/2018

| PROJ. MANAGER | MAP | BY | DATE |
|------------------|----------|------|---------|
| CHECKED-DETAILED | KNOX/DPD | BIN | 11/2018 |
| CHECKED-REVIEWED | JAW | ---- | 11/2018 |
| DESIGNS-DETAILED | | | |
| DESIGNS-1 | | | |
| REVISIONS 1 | | | |
| REVISIONS 2 | | | |
| REVISIONS 3 | | | |
| REVISIONS 4 | | | |
| FIELD CHANGES | | | |

GREAT BROOK BRIDGE

GREAT BROOK

CAMDEN

KNOX COUNTY

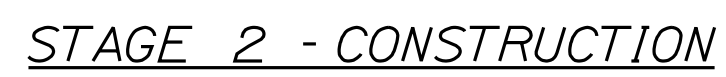
STAGE CONSTRUCTION

(1 OF 3)

SHEET NUMBER

4

OF 6



| PROJ. MANAGER | MAP | BY | DATE |
|---------------------|---------|-------|---------|
| DESIGN-DET-DETAILED | KCN/OPD | BIN | 11/2018 |
| CHECKED-REVIEWED | JAW | ----- | 11/2018 |
| DESIGN2-DET-FAILED2 | | | |
| DESIGN3-DET-FAILED3 | | | |
| REVISIONS 1 | | | |
| REVISIONS 2 | | | |
| REVISIONS 3 | | | |
| REVISIONS 4 | | | |
| FIELD CHANGES | | | |

PRELIMINARY
NOT FOR
CONSTRUCTION
11/9/2018

| | |
|------------------------------|-----------------|
| STATE OF MAINE | |
| DEPARTMENT OF TRANSPORTATION | |
| NHPP-2261(000) | |
| BRIDGE NO. 2326 | WIN 22610.00 |
| BRIDGE PLANS | |



| | | | | | | | | | | | |
|---|--|-------------|-------|-----------------|-----------------|-----|---------|------------------------------|---|----------------|--|
| GREAT BROOK BRIDGE GREAT BROOK CAMDEN | | KNOX COUNTY | | PROJ. MANAGER | | MAP | BY | DATE | PRELIMINARY NOT FOR CONSTRUCTION 11/9/2018 | STATE OF MAINE | |
| | | | | DESIGN-DETAILED | KC/D/DPD | BUN | 11/2018 | DEPARTMENT OF TRANSPORTATION | | | |
| CHECKED-REVIEWED | | JAW | ----- | 11/2018 | | | | | | | |
| DESIGN2-DETAILED2 | | | | | NHPP-2261(000) | | | | | | |
| DESIGN3-DETAILED3 | | | | | | | | | | | |
| REVISIONS 1 | | | | | | | | | | | |
| REVISIONS 2 | | | | | | | | | | | |
| REVISIONS 3 | | | | | WIN | | | | | | |
| REVISIONS 4 | | | | | 22610.00 | | | | | | |
| FIELD CHANGES | | | | | BRIDGE NO. 2326 | | | | | | |
| BRIDGE PLANS | | | | | | | | | | | |

APPENDIX B

Photographs



Looking north (May 8, 2013)



Looking south (May 8, 2013)



Looking downstream



Looking upstream



Inside Three-Frame



Inside Three-Frame



Upstream (June 30, 2015)



Downstream (June 30, 2015)

APPENDIX C

Site Inspection Reports

Highway Bridge Inspection Report

**GREAT BROOK
RTE 1
over
GREAT BROOK**



Inspection Date: 05/07/2015

Inspected By: Tim Merrithew

Inspection Type(s): Routine

TABLE OF CONTENTS

| | PAGE NUMBER |
|--|-------------|
| LOCATION MAP | 3 |
| NATIONAL BRIDGE INVENTORY REPORT - MAINE | 4 |
| GENERAL DATA REPORT | 7 |
| INSPECTION NOTES REPORT | 9 |
| ELEMENTS | 11 |
| DIVE - REPORT | 12 |
| PHOTOS | 13 |
| WORK ITEMS REPORT | 17 |
| JOB SAFETY REPORT | 18 |

National Bridge Inventory

Status: 1 - SD

Bridge Name: GREAT BROOK

Sufficiency Rating: 37.8

Inspections

| | | | |
|----------------------------------|--|----|------------|
| (90) INSPECTION DATE | & (91) DESIGNATED INSPECTION FREQUENCY | 24 | 05/07/2015 |
| (92) CRITICAL FEATURE INSPECTION | & (93) CFI DATE | | |
| (92A) FRACTURE CRITICAL DETAIL | | N | |
| (92B) UNDERWATER INSPECTION | | N | |
| (92C) OTHER SPECIAL INSPECTION | | N | |

Identification

| | |
|------------------------------------|--|
| (1) STATE CODE | 231 - Maine |
| (8) STRUCTURE NUMBER | 2326 |
| (5) INVENTORY ROUTE | |
| (5A) RECORD TYPE | 1: Route carried "on" the structure |
| (5B) ROUTE SIGNING PREFIX | 3 - STATE HIGHWAY |
| (5C) DESIGNATED LEVEL OF SERVICE | 1 - MAINLINE |
| (5) INVENTORY ROUTE | 1 |
| (5) INVENTORY ROUTE | 0 - NOT APPLICABLE |
| (2) HIGHWAY AGENCY DISTRICT | 02 - Mid-Coast |
| (3) COUNTY CODE | 013 Knox |
| (4) PLACE CODE | 09725 |
| (6) FEATURES INTERSECTED | GREAT BROOK |
| (7) FACILITY CARRIED | RTE 1 |
| (9) LOCATION | 200 FT S TL |
| (11) MILEPOINT | 139.081 |
| (12) BASE HIGHWAY NETWORK | Inventory Route is on the Base Network |
| (13) LRS INVENTORY ROUTE, SUBROUTE | |
| (13A) LRS INVENTORY ROUTE | 000000001X |
| (13B) SUBROUTE NUMBER | 00 |
| (16) LATITUDE | 44.250536111 1111 |
| (17) LONGITUDE | 69.032480555 5556 |
| (98A) BORDER BRIDGE CODE | |
| (98B) PERCENT RESPONSIBILITY | 0 |
| (99) BORDER BRIDGE STRUCT NO. | n/a |

Structure Type and Material

| | |
|--|----------------------------|
| (43) STRUCTURE TYPE, MAIN | |
| (43A) KIND OF MATERIAL/DESIGN | 1 - Concrete |
| (43B) TYPE OF DESIGN/CONSTR | 01 - Slab |
| (44) STRUCTURE TYPE, APPROACH SPANS | |
| (44A) KIND OF MATERIAL/DESIGN | 0 - Other |
| (44B) TYPE OF DESIGN/CONSTRUCTION | 00 - Other |
| (45) NUMBER OF SPANS IN MAIN UNIT | 1 |
| (46) NUMBER OF APPROACH SPANS | 0 |
| (107) DECK STRUCTURE TYPE | 1 - Concrete Cast-in-Place |
| (108) WEARING SURFACE/PROTECTIVE SYSTEMS | |
| (108A) WEARING SURFACE | 6 - Bituminous |
| (108B) DECK MEMBRANE | 0 - None |
| (108C) DECK PROTECTION | 0 - None |

Age of Service

| | |
|------------------------------------|--------------|
| (27) YEAR BUILT | 1934 |
| (106) YEAR RECONSTRUCTED | -4 |
| (42) TYPE OF SERVICE | |
| (42A) TYPE OF SERVICE ON BRIDGE | 1 - Highway |
| (42B) TYPE OF SERVICE UNDER BRIDGE | 5 - Waterway |
| (28) LANES | |
| (28A) LANES ON THE STRUCTURE | 02 |
| (28B) LANES UNDER THE STRUCTURE | 00 |
| (29) AVERAGE DAILY TRAFFIC | 6420 |
| (30) YEAR OF AVERAGE DAILY TRAFFIC | 2014 |
| (109) AVERAGE DAILY TRUCK TRAFFIC | 9 |
| (19) BYPASS DETOUR LENGTH | 66 |

Geometric Data

| | |
|---|---------------------------------------|
| (48) LENGTH OF MAXIMUM SPAN (ft.) | 11.0 |
| (49) STRUCTURE LENGTH (ft.) | 14.0 |
| (50) CURB/SIDEWALK WIDTHS | |
| (50A) LEFT CURB SIDEWALK (ft.) | 0 |
| (50B) RIGHT CURB SIDEWALK (ft.) | 0 |
| (51) BRDG RDWY WIDTH CURB-TO-CURB (ft.) | 30.8 |
| (52) DECK WIDTH, OUT-TO-OUT (ft.) | 33.8 |
| (32) APPROACH ROADWAY WIDTH (ft.) | 29.0 |
| (33) BRIDGE MEDIAN | 0 - No median |
| (34) SKEW (deg.) | 0 |
| (35) STRUCTURE FLARED | 0 - No flare |
| (10) INV RTE, MIN VERT CLEARANCE (ft.) | 328.05 |
| (47) TOTAL HORIZONTAL CLEARANCE (ft.) | 30 |
| (53) VERTICAL CLEARANCE OVER BRIDGE ROADWAY (ft.) | 327.76 |
| (54) MIN VERTICAL UNDERCLEARANCE | |
| (54A) REFERENCE FEATURE | N - Feature not a highway or railroad |
| (54B) MIN VERTICAL UNDERCLENRECE (ft.) | 0 |
| (55) MIN LATERAL UNDER CLEARANCE RIGHT | |
| (55A) REFERENCE FEATURE | N - Feature not a highway or railroad |
| (55B) MIN LATERAL UNDER CLEARANCE RIGHT (ft.) | 327.76 |
| (56) MIN LATERAL UNDER CLEARANCE (ft.) | 99.9 |

Classification

| | |
|---|---|
| (112) NBIS BRIDGE LENGTH | No |
| (104) HIGHWAY SYSTEM OF THE INVENTORY ROUTE | 1 - Structure/Route is on NHS |
| (26) FUNCTIONAL CLASSIFICATION OF INVENTORY ROUTE | 02 - Rural - Principal Arterial - Other |
| (100) STRAHNET HIGHWAY DESIGNATION | Not a STRAHNET route |
| (101) PARALLEL STRUCTURE DESIGNATION | N - No parallel structure |
| (102) DIRECTION OF TRAFFIC | 2-way traffic |
| (103) TEMP STRUCTURE | |
| (105) FEDERAL LANDS HIGHWAYS | Not Applicable |
| (110) DESIGNATED NATIONAL NETWORK | Inventory route not on network |
| (20) TOLL | 3 - On Free Road |
| (21) MAINTENANCE RESPONSIBILITY | 01 - State Highway Agency |
| (22) OWNER | 01 - State Highway Agency |
| (37) HISTORICAL SIGNIFICANCE | 5 - Not eligible |

Condition

| | |
|-----------------------------------|---|
| (58) DECK | 4 - Poor Condition (advanced deterioration) |
| (59) SUPERSTRUCTURE | 4 - Poor Condition (advanced deterioration) |
| (60) SUBSTRUCTURE | 5 - Fair Condition (minor section loss) |
| (61) CHANNEL & CHANNEL PROTECTION | 6 - Bank slump. widespread minor damage |
| (62) CULVERT | N - Not Applicable |

Load Rating and Posting

| | |
|--|-----------------------------|
| (31) DESIGN LOAD | 0 - Unknown |
| (63) METHOD USED TO DETERMINE OPERATING RATING | 2 - Allowable Stress (AS) |
| (64) OPERATING RATING | 55.3 |
| (65) METHOD USED TO DETERMINE INVENTORY RATING | 2 - Allowable Stress (AS) |
| (66) INVENTORY RATING | 31.8 |
| (70) BRIDGE POSTING | 5 - Equal to or above legal |
| (41) STRUCTURE OPEN/POSTED/CLOSED | A - Open |

Appraisal

| | |
|---|---|
| (67) STRUCTURAL EVALUATION | 4 |
| (68) DECK GEOMETRY | 3 |
| (69) UNDERCLEARANCES, VERTICAL & HORIZONTAL | N |
| (71) WATERWAY ADEQUACY | 5 - Occasional Flooding - Significant Delays |
| (72) APPROACH ROADWAY ALIGNMENT | 7 - Better than present minimum criteria |
| (36) TRAFFIC SAFETY FEATURE | |
| 36A) BRIDGE RAILINGS: | 0 - Does not meet acceptable standards/safety feature is required |
| 36B) TRANSITIONS: | 1 - Meets acceptable standards |
| 36C) APPROACH GUARDRAIL | 1 - Meets acceptable standards |
| 36D) APPROACH GUARDRAIL ENDS | 1 - Meets acceptable standards |
| (113) SCOUR CRITICAL BRIDGES | 6 - Not yet evaluated for scour |

| |
|------------------------------|
| Proposed Improvements |
|------------------------------|

(75) TYPE OF WORK

(75A) TYPE OF WORK PROPOSED

(75B) WORK DONE BY

(76) LENGTH OF STRUCTURE IMPROVEMENT (ft.)

(94) BRIDGE IMPROVEMENT COST (\$K) -2

(95) ROADWAY IMPROVEMENT COST (\$K)

(96) TOTAL PROJECT COST

(97) YEAR OF IMPROVEMENT COST ESTIMATE

(114) FUTURE ADT 8988

(115) YEAR OF FUTURE ADT 2034

| |
|------------------------|
| Navigation Data |
|------------------------|

(38) NAVIGATION CONTROL

(111) PIER OR ABUTMENT PROTECTION

(39) NAV VERT CLEARANCE

(116) MIN NAVIGATION VERT CLEARANCE, VERT LIFT BRIDGE

(40) NAV HORIZONTAL CLEARANCE

General Bridge Data

Structure Number: 2326

Structure Name: GREAT BROOK

Owner: 1 State DOT

Town: Camden

Co-Owner: N Not applicable

Town2:

Region: 02 Mid Coast

Maintainer: 1 State DOT

Bridge Plans: ☐

Co-Maintainer: N Not applicable

Structure Type

Main Span

Type: 3 Slab

Sub Type: 1 Deck

Construction: 0 Not Applicable

Material: 2 Concrete

Continuity: 1 Non Continuous

Composite: 1 Non Composite

Moveable: 0 No

Deck Area: 473.148752300 (SF)
00000

Curb Reveal Lt: 0.82021000000 (in)
0000

Curb Reveal Rt: 0.75131236000 (in)
0000

Approach Span

Type: _

Sub Type: _

Construction: _

Material: _

Continuity: _

Composite: _

Moveable: _

Repairs Done:

Year

How

Scope

Substructures

| | Shaft | Notes |
|-------------------|-------|-------|
| Abutment 1 | | |
| Pier | | |
| Pier | | |
| Pier | | |
| Abutment 2 | | |

| | Foundation | Notes |
|-------------------|------------|-------|
| Abutment 1 | | |
| Pier | | |
| Pier | | |
| Pier | | |
| Abutment 2 | | |

Roadway

| | |
|-------------------|----------------------------|
| Road/Route Name | RTE 1 |
| Abut-Abut Detour | 522.720161084000000 |
| Corridor Priority | 1 |

Inspection Notes

Structure Number: 2326

Town: Camden

Structure Name: GREAT BROOK

Inspection Date: 05/07/2015

Structure Notes

1934 8' Simple span concrete deck slab with full height concrete capped and extended granite masonry abutments w/ integral concrete return walls. Founded on ledge.

Wearing Surface

Wearing surface is in good condition

Deck

NBI Item 58: 4

Deck has pervasive cracking and efflo, and one large spall with exposed rebar. See photo.

Superstructure

NBI Item 59: 4

Substructure

NBI Item 60: 5

Stone Abt has an area of voids around a large stone. See photo Otherwise Abts in fair condition. Rip rap at both ends needs to be added to. See photos.

Culvert

NBI Item 62: N

Other

Missing bridge rial post DS side,

Special Inspection

Monitoring

Pontis Notes

Inspector: Tim Merrithew
Inspection Date: 05/07/2015

Structure Number: 2326
Facility Carried: RTE 1

Highway Bridge Inspection Report

Element Inspection

| | Environment | Total Quantity | Units | Condition State 1 | Condition State 2 | Condition State 3 | Condition State 4 |
|---|-------------|----------------|---------|-------------------|-------------------|-------------------|-------------------|
| 38 - Reinforced Concrete Slab | 4 - Sev. | 473 | sq. ft. | 0 | 293 | 150 | 30 |
| 217 - Masonry Abutment | 2 - Low | 67 | ft. | 0 | 61 | | 6 |
| 330 - Metal Bridge Railing | 4 - Sev. | 56 | ft. | 0 | 54 | | 2 |
| 515 - Steel Protective Coating | | 112 | sq. ft. | 0 | | 112 | |
| 820 - Reinforced Concrete Wall | 2 - Low | 38 | ft. | 30 | 8 | | |
| 841 - Asphalt Wearing Surface with Membrane | 4 - Sev. | 473 | sq. ft. | 473 | | | |

Underwater Dive Inspection Report

Structure Number: 2326

Town 1: 13020 - Camden

Division: Rockland

Location: 200 FT S TL

Tide Information:

Dive Entry Location:

Scour:

Comments/Hazards:

Bridge Name: GREAT BROOK

Town 2:

DiveID: 2407

☐ Tidal:

Photos:

Streambed Description:

Channel Description:

Substructure Description:

Inspection Team:

Role:

Dive Conditions:

Time: Entry: AM/PM

Time: Exit: AM/PM

Water Temp:

Visibility (ft):

Max Depth (ft):

Current:

Weather:

Underwater Inspection Date:

Channel Condition:

Substr/Culvert Condition:

Inspection Cycle:

Ratings Comments:

Inspector: Tim Merrithew
Inspection Date: 05/07/2015

Structure Number: 2326
Facility Carried: RTE 1

Highway Bridge Inspection Report

Pictures



PHOTO 1

Description View of roadway facing NE



PHOTO 2

Description Up stream view

Inspector: Tim Merrithew
Inspection Date: 05/07/2015

Structure Number: 2326
Facility Carried: RTE 1

Highway Bridge Inspection Report

Pictures



PHOTO 3

Description View showing loose rip rap at US end



PHOTO 4

Description View showing cracking and efflo at US end of soffit

Highway Bridge Inspection Report

Pictures



PHOTO 5

Description View showing large spall with exposed rebar in soffit



PHOTO 6

Description View of voids around stone in SW Abt.

Inspector: Tim Merrithew
Inspection Date: 05/07/2015

Structure Number: 2326
Facility Carried: RTE 1

Highway Bridge Inspection Report

Pictures



PHOTO 7

Description Down stream view



PHOTO 8

Description View of loose rip rap pile at DS end

Maintenance Work Items

Structure Number: 2326

Structure Name: GREAT BROOK

Town 13020

Owner: Merrithew, Tim

:

| Type | Work Item | Priority | Notes |
|-------------|-------------------------|----------|----------------------------------|
| Maintenance | Repair Deck | 3 | Rehab or replace deck |
| Maintenance | Repair Bridge Rail | 3 | Replace missing bridge rail post |
| Maintenance | Rehab Substructure | 2 | Grout voids in Abt. |
| Maintenance | Repair Slope Protection | 2 | Repair sliding rip rap |

MaineDOT NBIS Bridge Safety Inspection JSA

Inspector: Merrithew, Tim

Structure Number: 2326

Inspection Date: 04/05/2016

Structure Name: GREAT BROOK

Team Leader: Timothy Merrithew

Additional Team Members/Visitors:

- 1.)
- 2.)
- 3.)
- 4.)
- 5.)
- 6.)
- 7.)
- 8.)
- 9.)

Job being performed:

Bridge inspection

Hazard:

☒ Exposure to traffic

Control:

☒ Parked off road with strobe

☒ Less than 1 hour on bridge

☒ Wear standard reflective clothing and hard hat

☐ Spotter

☐ Traffic Control Crew

Hazard:

☒ Steep slopes and uneven working areas (rip rap, mud, loose fill, etc)

Control:

☒ Wear appropriate, prudent footwear

☐ Rope or fall protection

Hazard:

☐ Chipped Concrete or Steel (hand tools only)

Control:

☐ Wear appropriate, prudent eye/hand protection

Hazard:

☒ 6' Vertical drops

Control:

☒ Stay away from areas

Hazard:

- ☒ Water Hazards

Control:

- ☒ Evaluate conditions. Wear appropriate, prudent PPE

Hazard:

- ☒ Insects, Poison Ivy, or other environmental hazards

Control:

- ☒ Apply insect repellent and/or sunscreen
- ☒ Protect skin with appropriate, prudent clothing

Hazard:

- ☐ Lead paint and Avian excrement

Control:

- ☐ Wear gloves, do not scrape

Hazard:

- ☐ Heavy Manual Lifting

Control:

- ☐ Ask for assistance in donning dive gear, lifting equipment

Hazard:

- ☐ DCS, Lung Expansion

Control:

- ☐ Ascend slowly, use computers, Safety Stops (15' mark for 3 min.)

Hazard:

- ☐ Entanglement U/W

Control:

- ☐ Use knife, Comm gear

Hazard:

- ☐ Boat Traffic

Control:

- ☐ Fly Dive Flag, use spotter, contact bridge on Chan. 13

Hazard:

- ☐ Cold Water

Control:

- ☐ Use adequate dry suit underwear for water temperature

Hazard:☐ Live Boating**Control:**☐ Keep track of divers, avoid powering during drop-off/pick-up**Other Hazards****Other Controls****Safety Equipment Required:**☒ Hard hat☒ Vest☒ Glasses☒ Gloves☒ PFD☐ Rain Gear☒ Bug Spray☒ Sunscreen☒ First Aid☐ O2☐ AED☐ Comm Gear☒ Cell Phone**Other Safety Equipment:****Emergency Action Plan:**☒ Call 911☒ First Aid Kit☐ Fall Rescue Plan☐ Water Rescue Plan☐ Dan 1-919-684-9111☐ USCG 741-5465**Other Emergency Action Plan:**

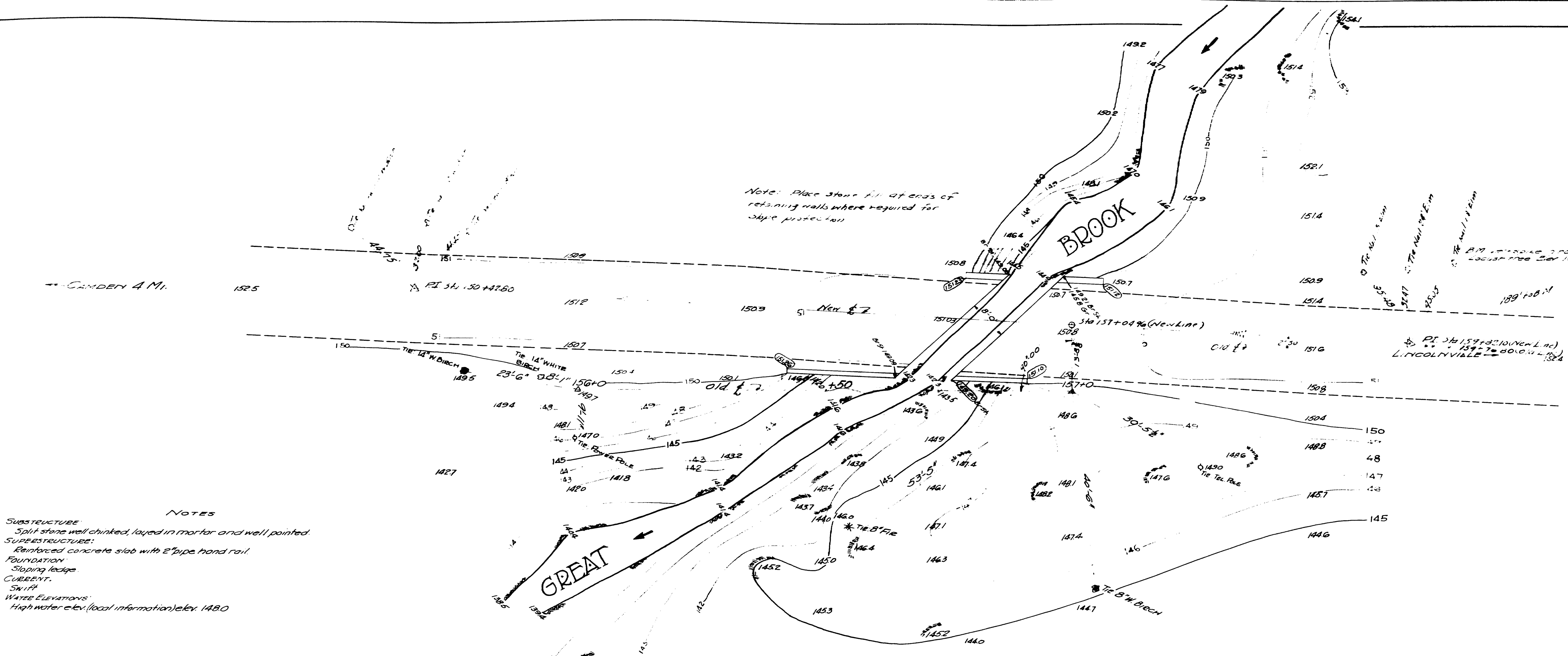
I certify that the MaineDOT NBIS Bridge Safety Inspection JSA has been completed according to all proper procedures required by the Maine Department of Transportation.

☒ Complete

Timothy Merrithew

APPENDIX D

Existing Bridge Plans



NOTES

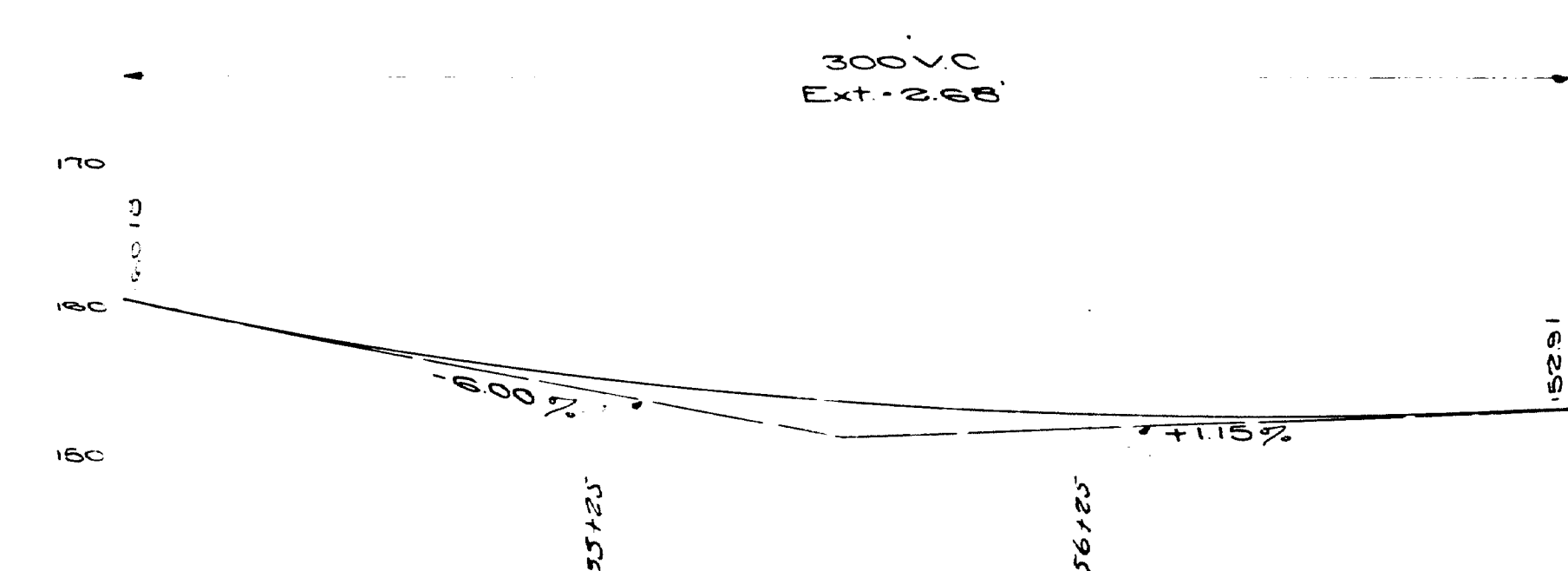
SUBSTRUCTURE:
Split stone well chinked, laid in mortar and well pointed.

SUPERSTRUCTURE:
Reinforced concrete slab with 2" pipe hand rail.

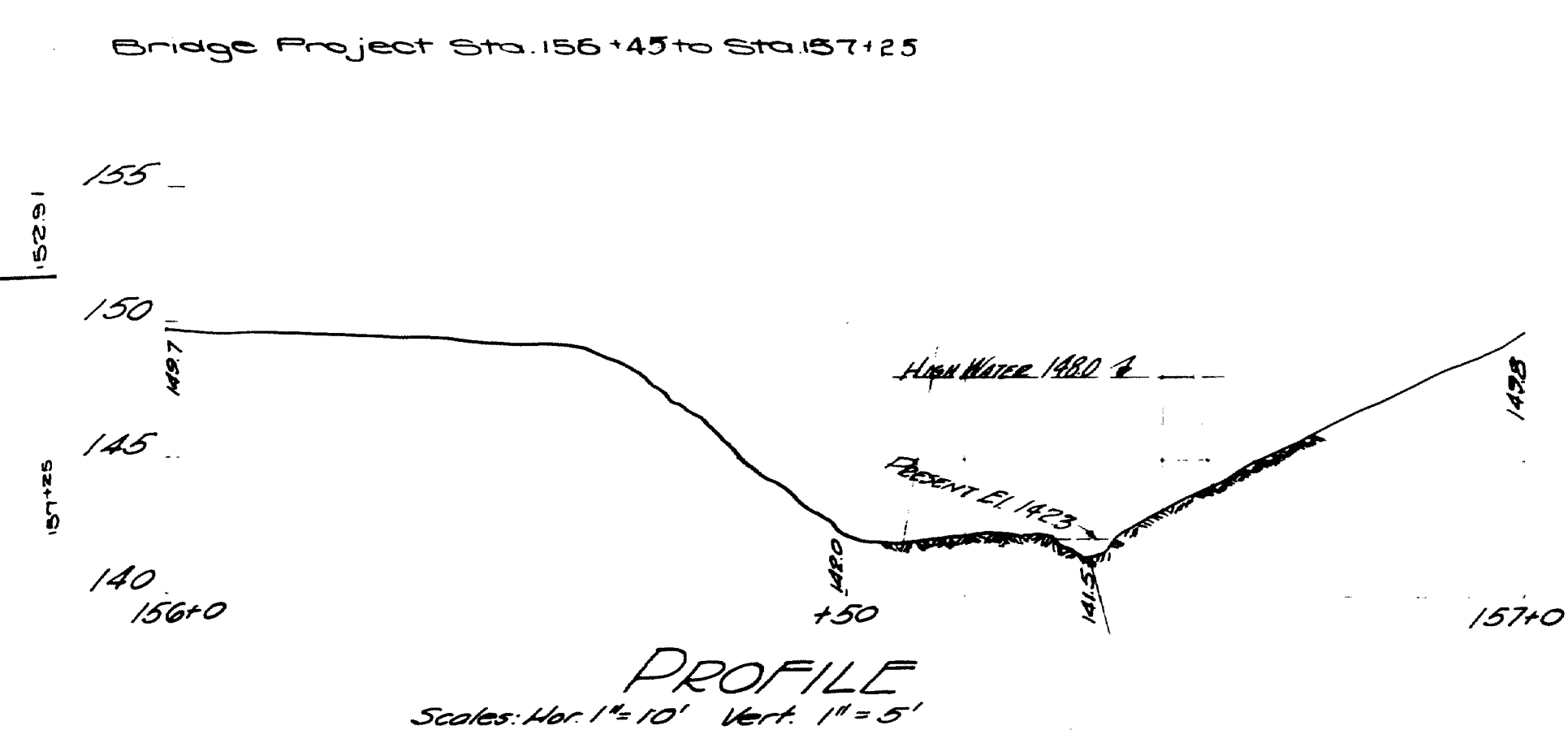
FOUNDATION:
Sloping ledge.

CURRENT:
SKIFF.

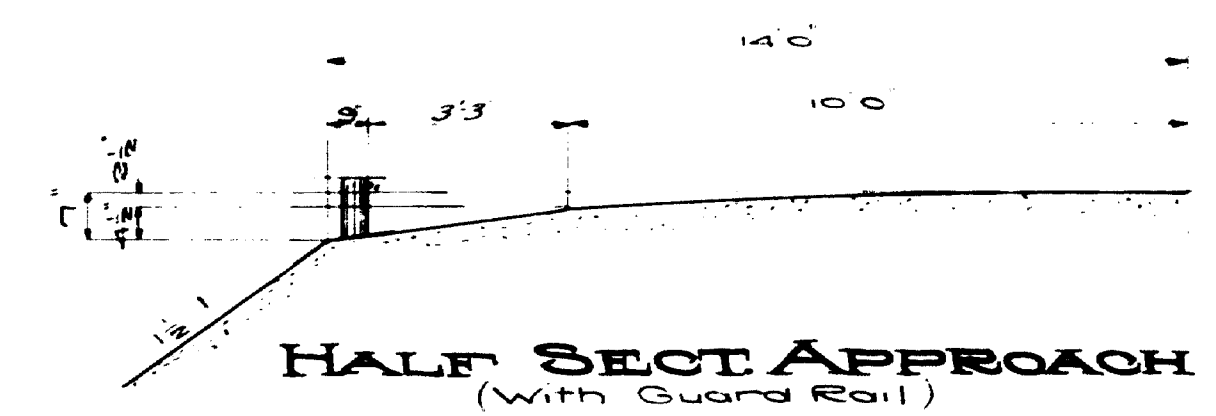
WATER ELEVATIONS:
High water elev. (local information) elev. 1480.



GRADE PROFILE
Scales - 1" = 30' hor. 1" = 10' vert.



PROFILE
Scales: Hor. 1" = 10' Vert. 1" = 5'

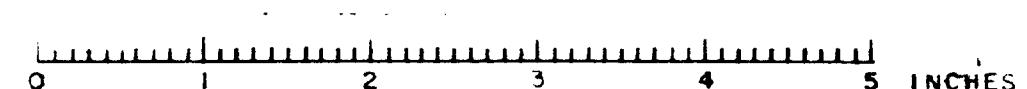


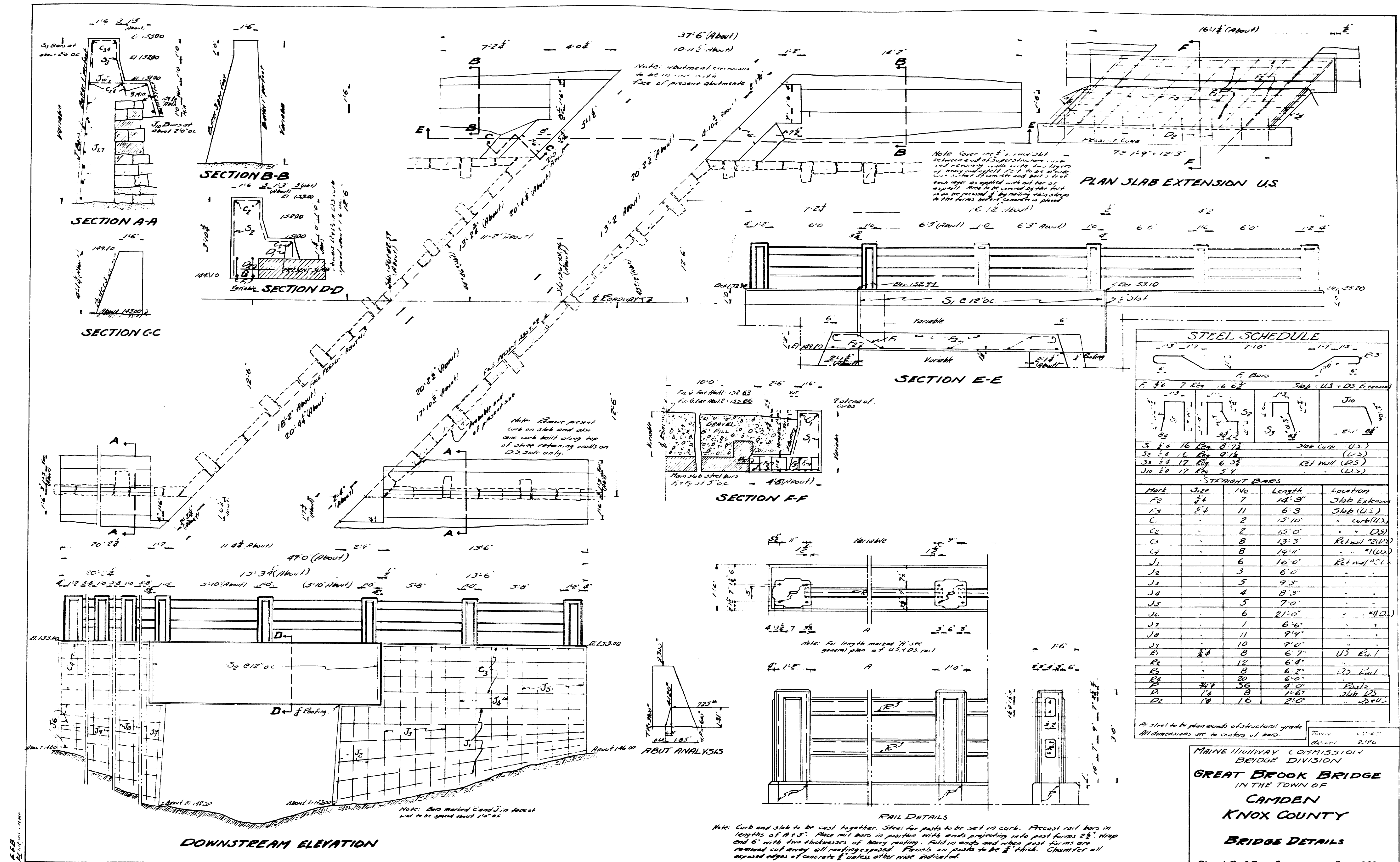
HALF SECT APPROACH
(With Guard Rail)

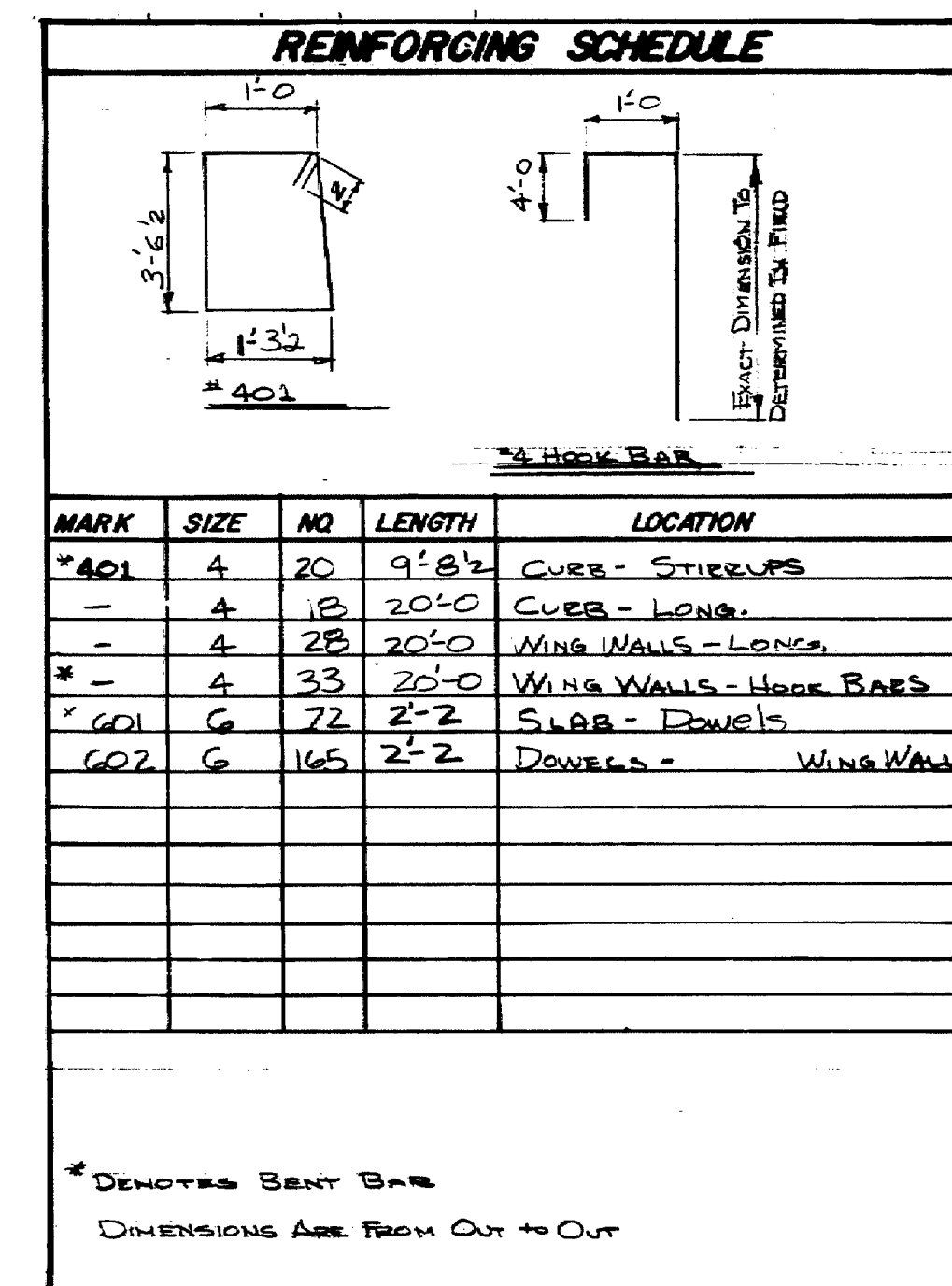
MAINE HIGHWAY COMMISSION
BRIDGE DIVISION
GREAT BROOK BRIDGE
IN THE TOWN OF
CAMDEN
KNOX COUNTY
SURVEY PLAN
Sheet 1 of 2 Augusta, Me. Dec. 2, 1932.

Town 07-02
Bridge 2326

24-71





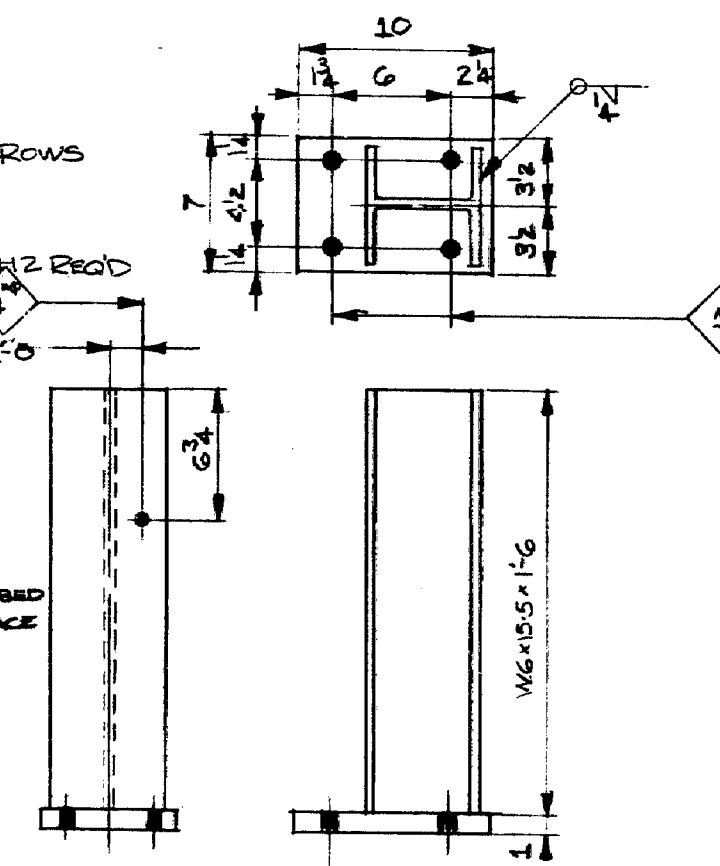


GENERAL NOTES

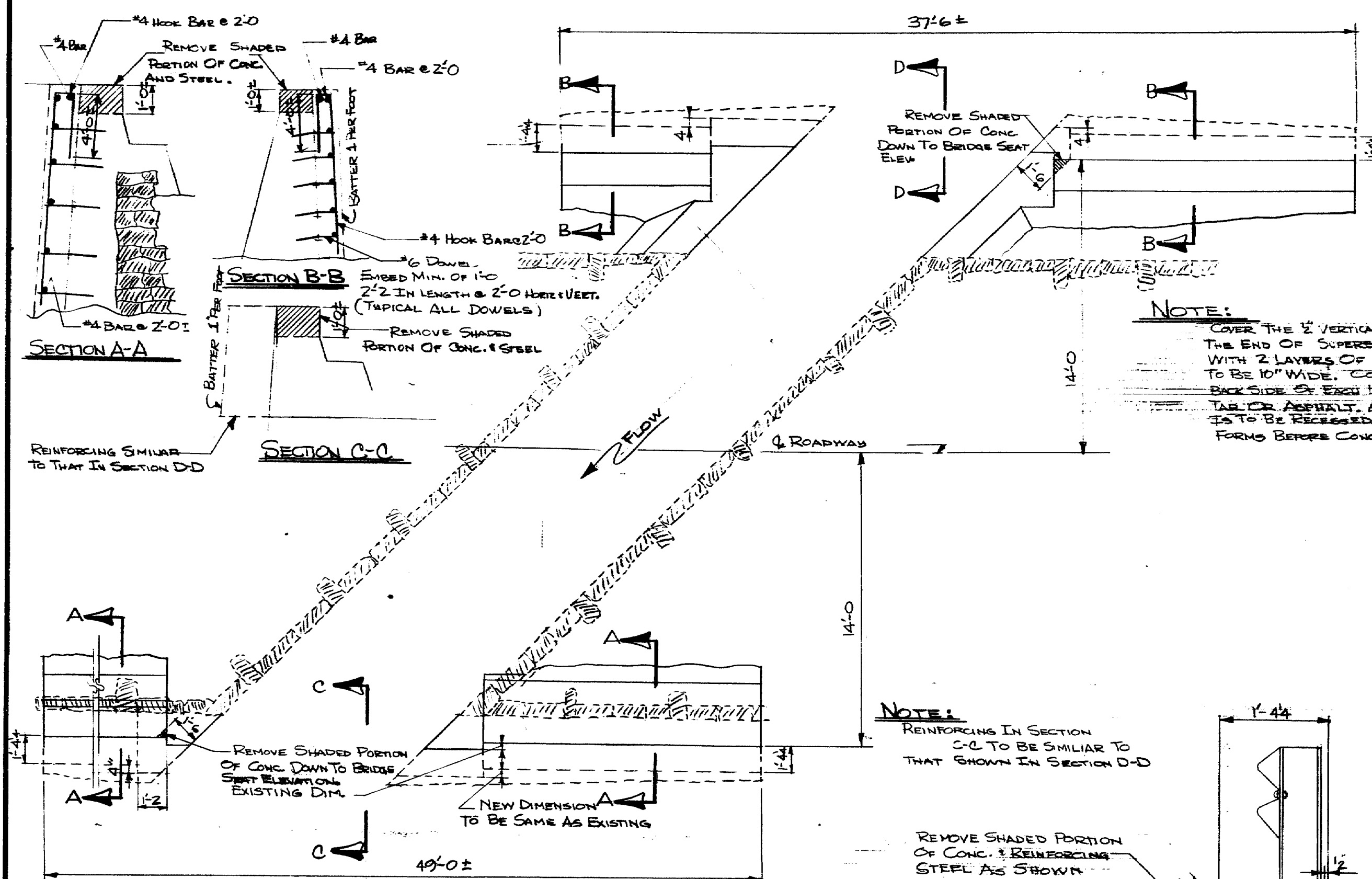
1. REMOVE CONCRETE FROM CURBS & WINGWALL UNTIL SOUND CONCRETE IS MET.
 2. MOST REINFORCING STEEL IS TO BE CUT IN FIELD AS RELIABLE DIMENSIONS ARE UNAVAILABLE.
 3. DOWELS TO BE EMBEDDED MINIMUM OF 1'-0"
 4. MINIMUM COVER OF REINFORCING TO BE 2" UNLESS OTHERWISE NOTED.
 5. MINIMUM SPACE TO BE 24 BAR DIAMETERS AS FOLLOWS:
 - * 4 BAR - 1'-0" MIN. LAP
 - * 6 BAR - 1'-6" MIN. LAP
- DOTTED LINES REPRESENT NEW WORK.

BILL OF MATERIALS

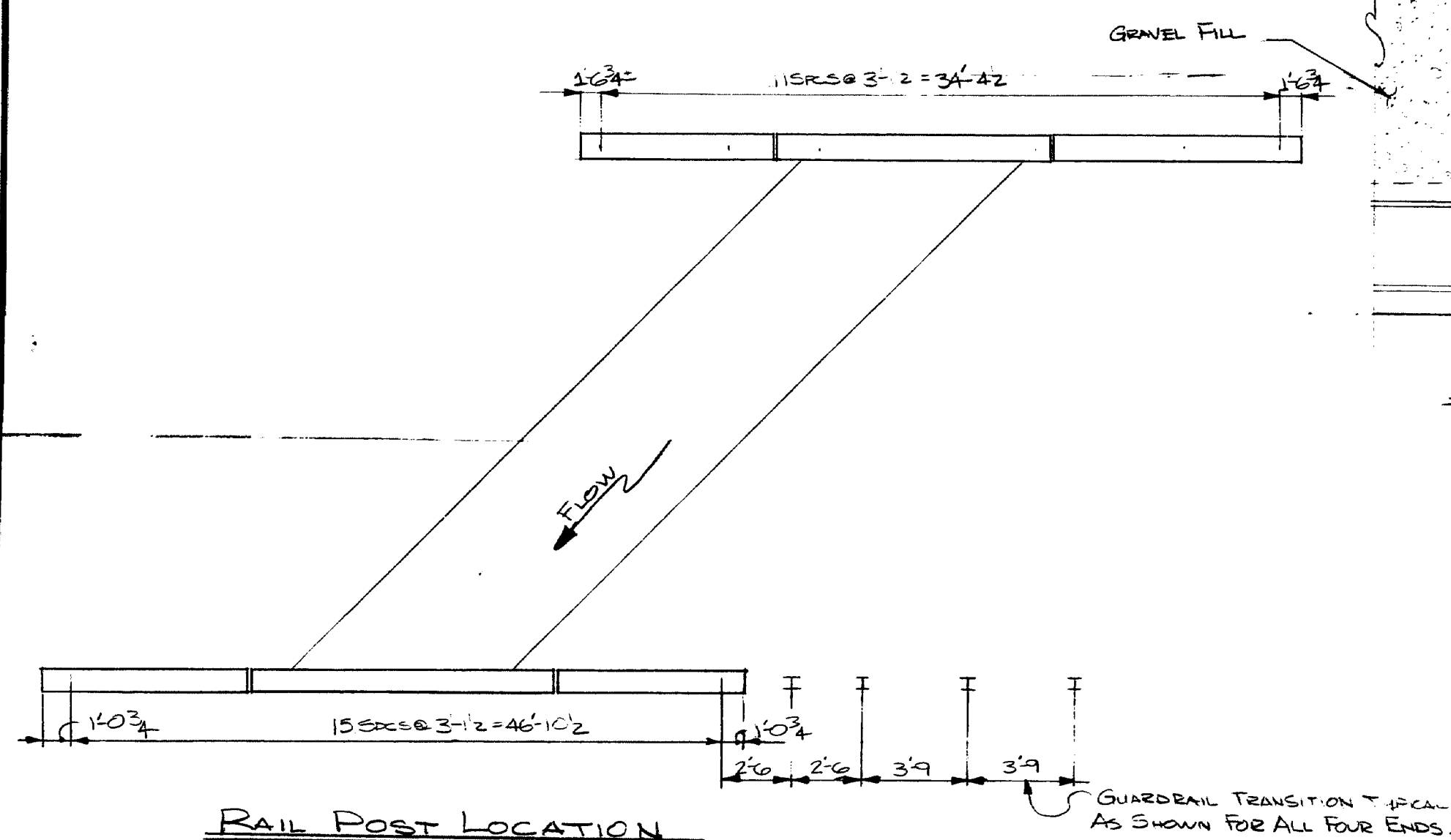
28 - 121 x 7 x 0.10
28 - W6 x 15.5 x 1.5
112 - 3/4" 10 GALV. MACH. BOLTS W/ NUTS & WASHERS



RAIL POST DETAIL-28 REQ'D



PLAN VIEW



RAIL POST LOCATION

GUARDRAIL TRANSITION TYPICAL
AS SHOWN FOR ALL FOUR ENDS.

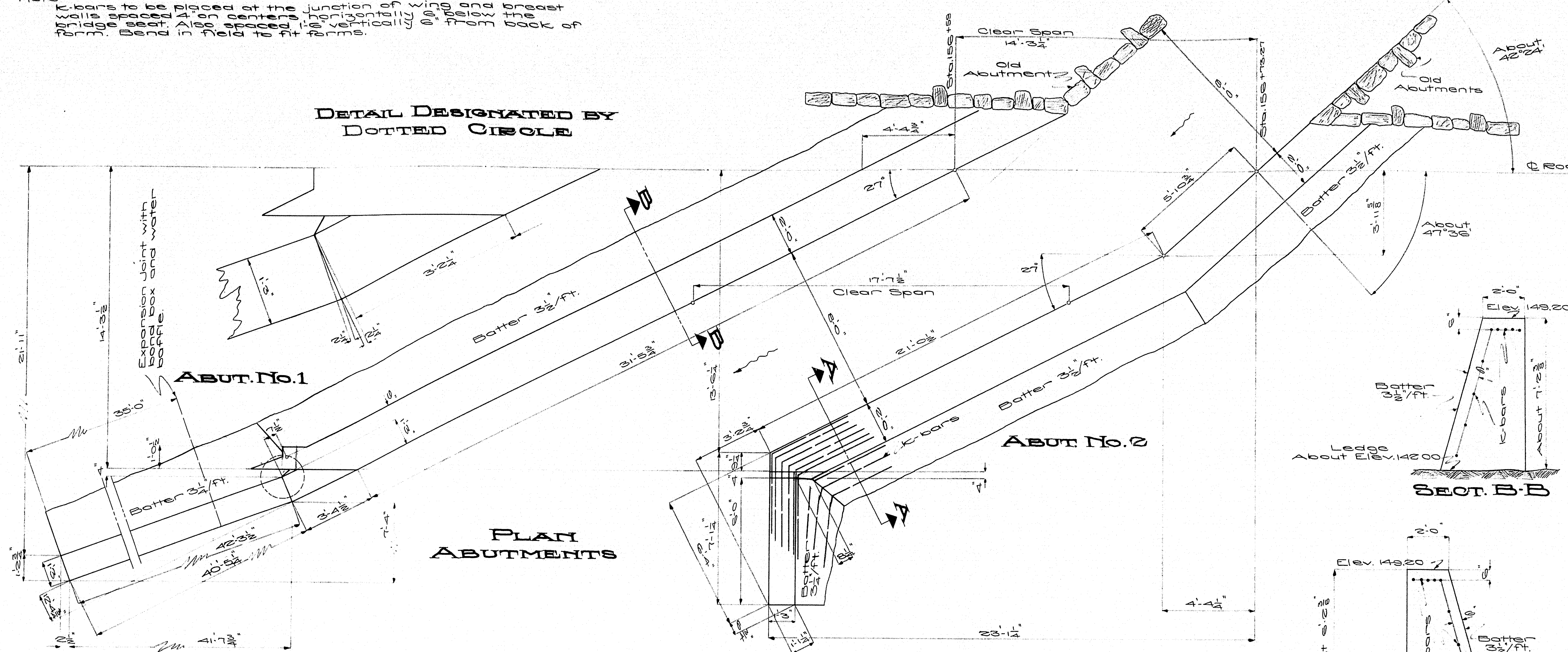
| | | | |
|-------|-------------------------|-----|---------|
| PLANS | PROJECT DESIGN ENGINEER | BY | DATE |
| | DESIGN - DETAILED | RBR | 1-25-99 |
| | CHECKED | | |
| | REVISIONS | | |
| | FIELD CHANGES | | |

GREAT BROOK BRIDGE

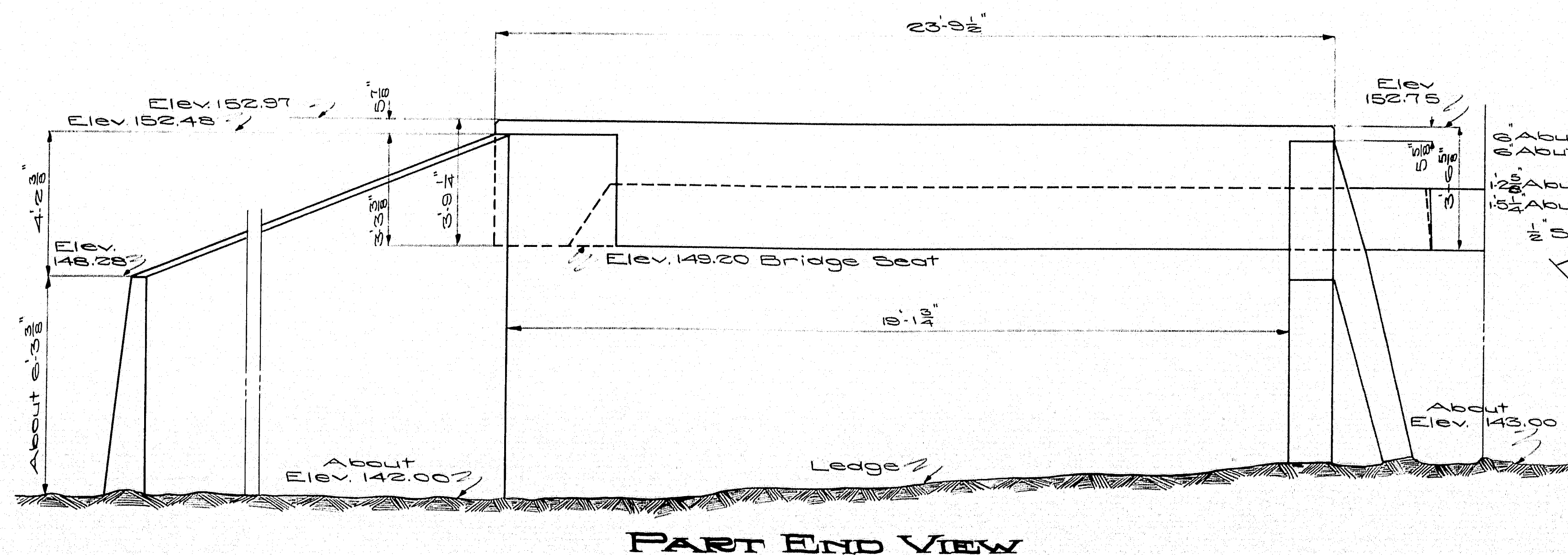
OVER
GREAT BROOK
IN THE TOWN OF
CAMDEN

**IN
KNOX COUNTY**

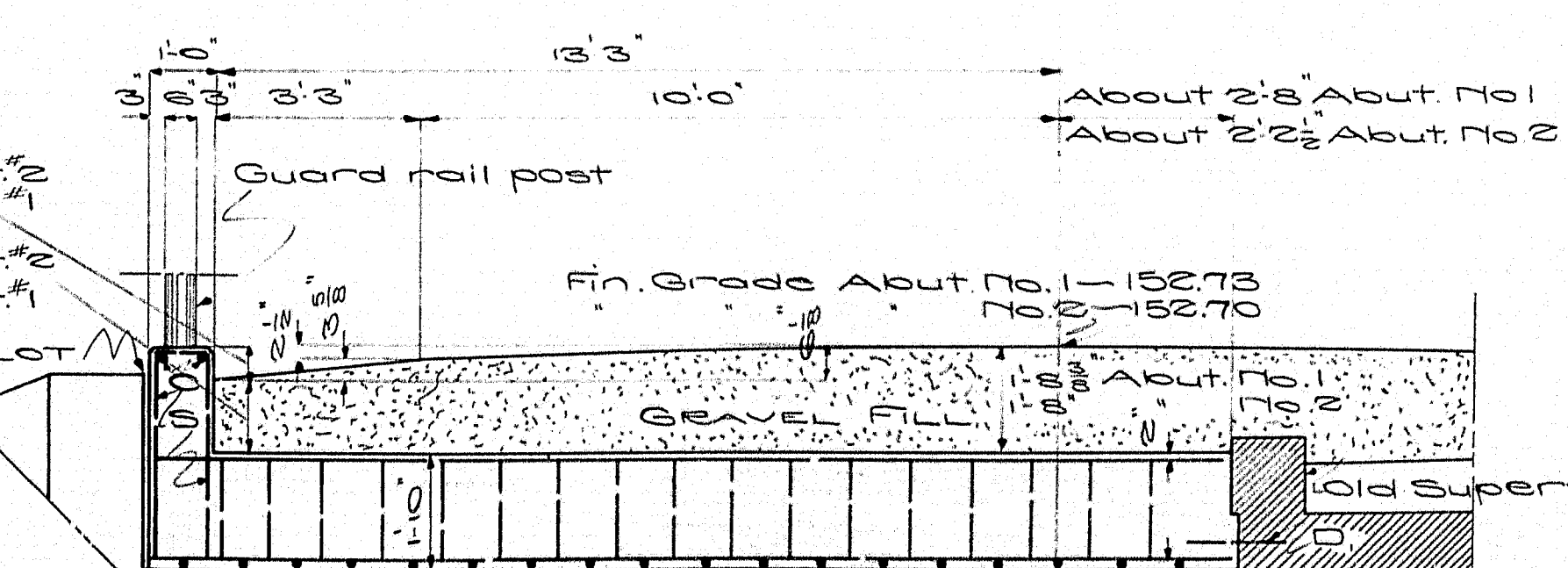
DETAIL DESIGNATED BY
DOTTED CIRCLE



Note -
Place $\frac{1}{2}$ layer of roofing on one bridge seat only.
Extension to expand on same end as old structure.

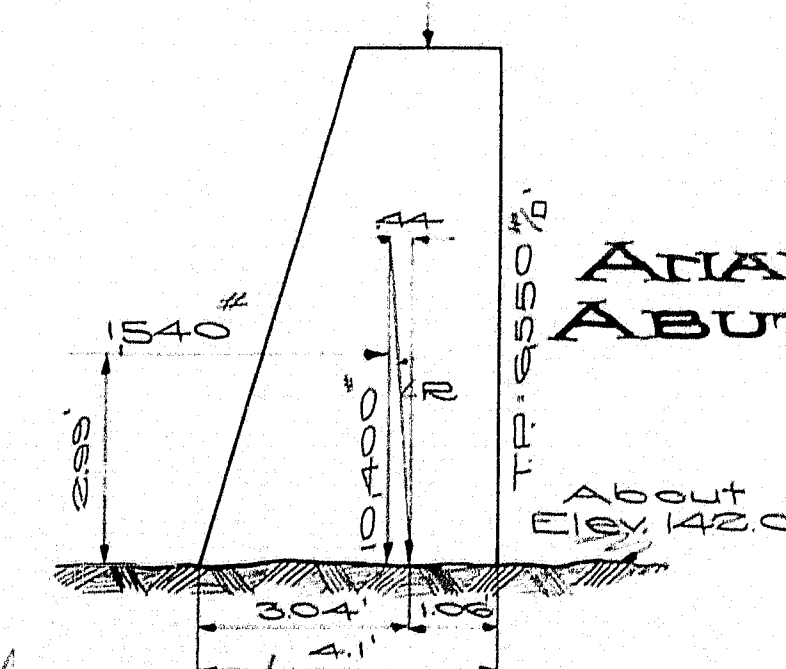


Notes
Old pipe hand rail on downstream curb to be removed.
See Steel Plan Sheet No.3 for slab steel marks.



PART TRANSVERSE SECT. SUPERSTRUCTURE

Note - Cover the $\frac{1}{2}$ vertical slots between substructure and superstructure with two layers of heavy roofing felt. Felt to be in two layers. First surface of substructure and backside of each layer as specified with hot tar or asphalt. The area to be covered by the felt is to be recessed 1" by nailing thin strips to the forms before concrete is placed.



ANALYSIS
ABUT. No. 1

Town - 07-02
Bridge-2328

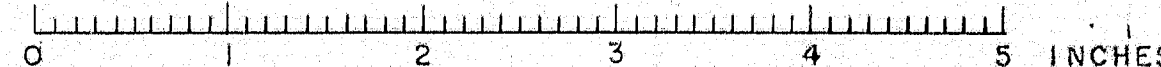
Maine Highway Commission
Bridge Division

GREAT BROOK BRIDGE
In the Town Of
CAMDEN
KNOX COUNTY

BRIDGE DETAILS

Sheet 2 of 3 Augusta, Me. Mar. 1933.

HALF REAR ELEV. ABOUT NO. 2 AT IS TO Φ



APPENDIX E

Hydrology and Hydraulics Data

Project Name: Camden US1
Stream Name: Great Brook
Bridge Name:
Route No. US 1
Analysis by: CSH

PIN: 18283
Town: Camden
Bridge No.
USGS Quad:
Date: 6/6/2013

Peak Flow Calculations by USGS Regression Equations (Hodgkins, 1999)

Enter data in blue cells only!

| | km ² | mi ² | ac |
|----------------------|-----------------|-----------------|-------|
| A | 1.77 | 0.68 | 437.4 |
| W | 0.01 | 0.00 | 3.1 |
| P _c | 496812 | 4900876 | |
| County | Lincoln | | |
| pptA | 46.1 | | |
| SG | 0.00 | | |
| A (km ²) | 1.77 | | |
| W (%) | 0.72 | | |

Enter data in [mi²]

Watershed Area
Wetlands area (by NWI)

watershed centroid (E, N; UTM 19N; meters)
choose county from drop-down menu
mean annual precipitation (inches; by look-up)
sand & gravel aquifer as decimal fraction of watershed A

Worksheet prepared by:

Charles S. Hebson, PE
Environmental Office
Maine Dept. Transportation
Augusta, ME 04333-0016
207-557-1052
Charles.Hebson@maine.gov

Conf Lvl 0.67

| Ret Pd | Peak Flow Estimate | | |
|--------|--------------------|------------------------------------|-------|
| T (yr) | Lower | Q _T (m ³ /s) | Upper |
| 1.1 | | 0.42 | |
| 2 | 0.67 | 0.96 | 1.38 |
| 5 | 1.12 | 1.62 | 2.34 |
| 10 | 1.46 | 2.13 | 3.12 |
| 25 | 1.92 | 2.86 | 4.26 |
| 50 | 2.29 | 3.46 | 5.23 |
| 100 | 2.67 | 4.11 | 6.31 |
| 500 | 3.64 | 5.82 | 9.29 |

| Q _T (ft ³ /s) |
|-------------------------------------|
| 14.8 |
| 34.0 |
| 57.2 |
| 75.3 |
| 100.9 |
| 122.1 |
| 145.0 |
| 205.4 |

Reference:

Hodgkins, G., 1999.
Estimating the magnitude of peak flows for streams
in Maine for selected recurrence intervals
Water-Resources Investigations Report 99-4008
US Geological Survey, Augusta, Maine

$$Q_T = b \times A^a \times 10^{-WW}$$

HY-8 Culvert Analysis Report

Crossing Discharge Data

Discharge Selection Method: User Defined

Site Data - Existing Culvert

Site Data Option: Culvert Invert Data

Inlet Station: 0.00 ft

Inlet Elevation: 143.60 ft

Outlet Station: 48.00 ft

Outlet Elevation: 140.70 ft

Number of Barrels: 1

Culvert Data Summary - Existing Culvert

Barrel Shape: User Defined

Barrel Span: 11.00 ft

Barrel Rise: 6.00 ft

Barrel Material: Concrete

Embedment: 0.00 in

Barrel Manning's n: 0.0120 (top and sides)

Manning's n: 0.0380 (bottom)

Culvert Type: Straight

Inlet Configuration: Square Edge with Headwall

Inlet Depression: NONE

Table 1 - Summary of Culvert Flows at Crossing: Existing Culvert

| Headwater Elevation (ft) | Discharge Names | Total Discharge (cfs) | Existing Culvert Discharge (cfs) | Roadway Discharge (cfs) | Iterations |
|--------------------------|-----------------|-----------------------|----------------------------------|-------------------------|-------------|
| 144.11 | Q1.1 | 14.80 | 14.80 | 0.00 | 1 |
| 145.27 | Q10 | 75.30 | 75.30 | 0.00 | 1 |
| 145.63 | Q25 | 100.90 | 100.90 | 0.00 | 1 |
| 145.91 | Q50 | 122.10 | 122.10 | 0.00 | 1 |
| 146.19 | Q100 | 145.00 | 145.00 | 0.00 | 1 |
| 146.87 | Q500 | 205.40 | 205.40 | 0.00 | 1 |
| 152.40 | Overtopping | 677.94 | 677.94 | 0.00 | Overtopping |

Table 2 - Culvert Summary Table: Existing Culvert

| Discharge Names | Total Discharge (cfs) | Culvert Discharge (cfs) | Headwater Elevation (ft) | Inlet Control Depth (ft) | Outlet Control Depth (ft) | Flow Type | Normal Depth (ft) | Critical Depth (ft) | Outlet Depth (ft) | Tailwater Depth (ft) | Outlet Velocity (ft/s) | Tailwater Velocity (ft/s) |
|-----------------|-----------------------|-------------------------|--------------------------|--------------------------|---------------------------|-----------|-------------------|---------------------|-------------------|----------------------|------------------------|---------------------------|
| Q1.1 | 14.80 | 14.80 | 144.11 | 0.510 | 0.0* | 1-JS1t | 0.186 | 0.377 | 1.551 | 0.251 | 0.868 | 6.642 |
| Q10 | 75.30 | 75.30 | 145.27 | 1.671 | 0.0* | 1-S2n | 0.797 | 1.132 | 0.797 | 0.651 | 8.588 | 11.819 |
| Q25 | 100.90 | 100.90 | 145.63 | 2.032 | 0.0* | 1-S2n | 0.948 | 1.383 | 0.948 | 0.771 | 9.678 | 13.021 |
| Q50 | 122.10 | 122.10 | 145.91 | 2.307 | 0.0* | 1-S2n | 1.073 | 1.573 | 1.073 | 0.860 | 10.348 | 13.851 |
| Q100 | 145.00 | 145.00 | 146.19 | 2.587 | 0.0* | 1-S2n | 1.207 | 1.760 | 1.246 | 0.949 | 10.581 | 14.630 |
| Q500 | 205.40 | 205.40 | 146.87 | 3.274 | 0.0* | 1-S2n | 1.500 | 2.219 | 1.534 | 1.141 | 12.169 | 16.558 |

* Full Flow Headwater elevation is below inlet invert.

Straight Culvert

Inlet Elevation (invert): 143.60 ft, Outlet Elevation (invert): 140.70 ft

Culvert Length: 48.09 ft, Culvert Slope: 0.0604

Table 3 - Downstream Channel Rating Curve (Crossing: Existing Culvert)

| Flow (cfs) | Water Surface Elev (ft) | Depth (ft) | Velocity (ft/s) | Shear (psf) | Froude Number |
|------------|-------------------------|------------|-----------------|-------------|---------------|
| 14.80 | 142.25 | 0.25 | 6.64 | 3.13 | 2.41 |
| 75.30 | 142.65 | 0.65 | 11.82 | 8.13 | 2.77 |
| 100.90 | 142.77 | 0.77 | 13.02 | 9.62 | 2.83 |
| 122.10 | 142.86 | 0.86 | 13.85 | 10.74 | 2.87 |
| 145.00 | 142.95 | 0.95 | 14.63 | 11.84 | 2.90 |
| 205.40 | 143.14 | 1.14 | 16.56 | 14.24 | 3.03 |

Tailwater Channel Data - Existing Culvert

Tailwater Channel Option: Irregular Channel

Channel Slope: 0.2000

User Defined Channel Cross-Section:

| Coord No. | Station (ft) | Elevation (ft) | Manning's n |
|-----------|--------------|----------------|-------------|
| 1 | 0.00 | 146.00 | 0.0800 |
| 2 | 11.65 | 145.00 | 0.0800 |
| 3 | 14.95 | 144.00 | 0.0800 |
| 4 | 18.27 | 143.00 | 0.0380 |
| 5 | 21.64 | 142.00 | 0.0380 |
| 6 | 29.97 | 142.00 | 0.0800 |
| 7 | 31.04 | 143.00 | 0.0800 |
| 8 | 32.12 | 144.00 | 0.0800 |
| 9 | 33.19 | 145.00 | 0.0800 |
| 10 | 34.26 | 146.00 | 0.0800 |

Roadway Data for Crossing: Existing Culvert

Roadway Profile Shape: Irregular Roadway Shape (coordinates)

Irregular Roadway Cross-Section:

| Coord No. | Station (ft) | Elevation (ft) |
|-----------|--------------|----------------|
| 0 | 0.00 | 153.10 |
| 1 | 48.00 | 152.40 |
| 2 | 100.00 | 152.60 |

Roadway Surface: Paved

Roadway Top Width: 40.00 ft

HY-8 Culvert Analysis Report

Crossing Discharge Data

Discharge Selection Method: User Defined

Site Data - Three Frame 13' x 3'

Site Data Option: Culvert Invert Data

Inlet Station: 0.00 ft

Inlet Elevation: 148.00 ft

Outlet Station: 96.00 ft

Outlet Elevation: 142.00 ft

Number of Barrels: 1

Culvert Data Summary - Three Frame 13' x 3'

Barrel Shape: User Defined

Barrel Span: 13.00 ft

Barrel Rise: 3.00 ft

Barrel Material: Concrete

Embedment: 0.00 in

Barrel Manning's n: 0.0120 (top and sides)

Manning's n: 0.0380 (bottom)

Culvert Type: Straight

Inlet Configuration: Beveled Edge

Inlet Depression: NONE

Table 1 - Summary of Culvert Flows at Crossing: Three Frame 13' x 3'

| Headwater Elevation (ft) | Discharge Names | Total Discharge (cfs) | Three Frame 13' x 3' Discharge (cfs) | Roadway Discharge (cfs) | Iterations |
|--------------------------|-----------------|-----------------------|--------------------------------------|-------------------------|-------------|
| 148.49 | Q1.1 | 14.80 | 14.80 | 0.00 | 1 |
| 149.46 | Q10 | 75.30 | 75.30 | 0.00 | 1 |
| 149.79 | Q25 | 100.90 | 100.90 | 0.00 | 1 |
| 150.05 | Q50 | 122.10 | 122.10 | 0.00 | 1 |
| 150.28 | Q100 | 145.00 | 145.00 | 0.00 | 1 |
| 151.03 | Q500 | 205.40 | 205.40 | 0.00 | 1 |
| 154.50 | Overtopping | 399.39 | 399.39 | 0.00 | Overtopping |

Table 2 - Culvert Summary Table: Three Frame 13' x 3'

| Discharge Names | Total Discharge (cfs) | Culvert Discharge (cfs) | Headwater Elevation (ft) | Inlet Control Depth (ft) | Outlet Control Depth (ft) | Flow Type | Normal Depth (ft) | Critical Depth (ft) | Outlet Depth (ft) | Tailwater Depth (ft) | Outlet Velocity (ft/s) | Tailwater Velocity (ft/s) |
|-----------------|-----------------------|-------------------------|--------------------------|--------------------------|---------------------------|-----------|-------------------|---------------------|-------------------|----------------------|------------------------|---------------------------|
| Q1.1 | 14.80 | 14.80 | 148.49 | 0.493 | 0.0* | 1-S2n | 0.242 | 0.336 | 0.242 | 0.234 | 3.694 | 5.690 |
| Q10 | 75.30 | 75.30 | 149.46 | 1.456 | 0.0* | 1-S2n | 0.723 | 1.020 | 0.723 | 0.614 | 8.015 | 10.319 |
| Q25 | 100.90 | 100.90 | 149.79 | 1.788 | 0.0* | 1-S2n | 0.859 | 1.238 | 0.859 | 0.729 | 9.035 | 11.417 |
| Q50 | 122.10 | 122.10 | 150.05 | 2.046 | 0.0* | 1-S2n | 0.972 | 1.405 | 0.985 | 0.815 | 9.532 | 12.178 |
| Q100 | 145.00 | 145.00 | 150.28 | 2.284 | 0.0* | 1-S2n | 1.075 | 1.558 | 1.075 | 0.902 | 10.375 | 12.895 |
| Q500 | 205.40 | 205.40 | 151.03 | 3.030 | 0.0* | 5-S2n | 1.332 | 1.940 | 1.332 | 1.104 | 11.861 | 14.442 |

* Full Flow Headwater elevation is below inlet invert.

Straight Culvert

Inlet Elevation (invert): 148.00 ft, Outlet Elevation (invert): 142.00 ft

Culvert Length: 96.19 ft, Culvert Slope: 0.0625

Table 3 - Downstream Channel Rating Curve (Crossing: Three Frame 13' x 3')

| Flow (cfs) | Water Surface Elev (ft) | Depth (ft) | Velocity (ft/s) | Shear (psf) | Froude Number |
|------------|-------------------------|------------|-----------------|-------------|---------------|
| 14.80 | 141.23 | 0.23 | 5.69 | 2.28 | 2.12 |
| 75.30 | 141.61 | 0.61 | 10.32 | 5.99 | 2.44 |
| 100.90 | 141.73 | 0.73 | 11.42 | 7.11 | 2.50 |
| 122.10 | 141.82 | 0.82 | 12.18 | 7.95 | 2.53 |
| 145.00 | 141.90 | 0.90 | 12.89 | 8.79 | 2.56 |
| 205.40 | 142.10 | 1.10 | 14.44 | 10.77 | 2.62 |

Tailwater Channel Data - Three Frame 13' x 3'

Tailwater Channel Option: Irregular Channel

Channel Slope: 0.1563

User Defined Channel Cross-Section:

| Coord No. | Station (ft) | Elevation (ft) | Manning's n |
|-----------|--------------|----------------|-------------|
| 1 | 0.00 | 144.00 | 0.0800 |
| 2 | 18.86 | 144.00 | 0.0800 |
| 3 | 21.01 | 143.00 | 0.0800 |
| 4 | 23.17 | 142.00 | 0.0800 |
| 5 | 25.47 | 141.00 | 0.0380 |
| 6 | 36.10 | 141.00 | 0.0800 |
| 7 | 37.88 | 142.00 | 0.0800 |
| 8 | 39.23 | 143.00 | 0.0800 |
| 9 | 40.58 | 144.00 | 0.0800 |
| 10 | 41.93 | 145.00 | 0.0800 |
| 11 | 43.27 | 146.00 | 0.0800 |
| 12 | 44.62 | 147.00 | 0.0800 |

Roadway Data for Crossing: Three Frame 13' x 3'

Roadway Profile Shape: Irregular Roadway Shape (coordinates)

Irregular Roadway Cross-Section:

| Coord No. | Station (ft) | Elevation (ft) |
|-----------|--------------|----------------|
| 0 | 0.00 | 156.00 |
| 1 | 50.00 | 155.20 |
| 2 | 100.00 | 154.50 |

Roadway Surface: Paved

Roadway Top Width: 40.00 ft

APPENDIX F

Traffic and Accident Data

STATE OF MAINE

FILE: RTE 1

INTERDEPARTMENTAL MEMORANDUM

Date of Request: 9/8/2014

Return: 9/08/2014

Latest Date Needed By

9/22/2014

To: Ed Hanscom

Dept.: MDOT, Bridge Program

From: Janet Damren

Dept.: Bridge Program

Subject: Request for Traffic Information

Project Manager: Mark Parlin

TOWN(S): Camden

P.I.N. 22610.00

Consultant Proj ☐

COUNTY: Knox

ROUTE: Route 1

LOCATION/
DESCRIPTION:

Great Brook Bridge carrying Rt 1 over Great Brook

| | Roadway Changes or Relocation (Attach Sketch) | Turning Movement needed (Provide Locations under Comments) | Other Please Describe Under Comments |
|------------------------------------|--|---|--------------------------------------|
| Please Check Box if Applicable: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Prep By: MAM

Sec. 1

Sec. 2

Sec. 3

Sec. 4

Sec. 5

Description of Sections

US 1 (High St.) N/O
IR 566 @ Camden -
Lincolnville Town
Line

| | | | | | |
|----------------------------|--------------------|-----------------|-----------------|-----------------|-----------------|
| 1 Latest AADT (Year) | <u>7050 (2013)</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| 2 Current <u>2017</u> AADT | <u>7050</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| 3 Future <u>2027</u> AADT | <u>7760</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| 4 Future <u>2037</u> AADT | <u>8460</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| 5 DHV - % of AADT | <u>10%</u> | <u> </u> % | <u> </u> % | <u> </u> % | <u> </u> % |
| 6 Design Hourly Volume | <u>846</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| 7 % Heavy Trucks (AADT) | <u>8%</u> | <u> </u> % | <u> </u> % | <u> </u> % | <u> </u> % |
| 8 % Heavy Trucks (DHV) | <u>5%</u> | <u> </u> % | <u> </u> % | <u> </u> % | <u> </u> % |
| 9 Direct.Dist. (DHV) | <u>53%</u> | <u> </u> % | <u> </u> % | <u> </u> % | <u> </u> % |
| 10 18-KIP Equivalent P 2.0 | <u>396</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |
| 11 18-KIP Equivalent P 2.5 | <u>377</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

Notes or Remarks: 18-Kip ESALS is based on 20 year life

PLEASE PROVIDE: (1) PIN NUMBER, (2) THE CURRENT & FUTURE YEARS FOR WHICH YOU WANT AADT CALCULATED, AND SEND TO MIKE MORGAN. (A LOCATION MAP IS NO LONGER NEEDED.) TRAFFIC REQUESTS WILL BE FILLED ON A FIRST COME / SERVE BASIS. PLEASE SEND WHEN PROJECT KICKS OFF!!!

Need Only Data Items Numbered

Comments:

New project.

Same traffic data as WIN 22608.00.

State of Maine
Department of Transportation
MEMORANDUM

To: Mark Parlin Date: Tuesday July 21, 2015

From: Kara Zadakis and Ed Hanscom, Transportation Analysis

Subject: Camden Traffic Data Analysis (22608.00 & 22610.00)

MaineDOT has two bridge projects planned for US 1 in Camden at Spring Brook and Great Brook. The following document provides a capacity analysis for a one-lane, two-way alternating traffic construction zone or temporary bridge along US 1 in Camden.

The analysis was conducted using the permanent count station along US 1 in Rockport which reflects the increase in traffic during the summer months. The AADT in Rockport in 2014 was approximately 12820 vehicles per day. The hourly volumes from the permanent count station data were scaled to reflect the 2014 AADT of 6510 in Camden at both bridge project locations. Summer ADT often exceeds 8000 vehicles per day. From the analysis, the high-hour summer volume, which is likely to occur on a Friday, is less than 800 vehicles per hour, based on seasonal patterns from the permanent count station.

The hourly volumes for Camden were used in the MaineDOT Highway Queuing spreadsheet with a construction zone length of 500 feet, free-flow speed in the work zone of 20mph, and 8% heavy vehicles to obtain a maximum one-lane capacity of 1100 vehicles per hour. With this capacity, there will be no excess vehicle demand based on the high-hour summer volume of fewer than 800 vehicles per hour. Therefore, one-lane operation through the work zone, whether by a temporary bridge or by the existing bridge during stage construction, should accommodate summer traffic at both project locations without capacity issues or excessive delay. Traffic flow through the two bridge locations should be managed as two distinct work zones.

Crash Summary Report

Report Selections and Input Parameters

REPORT SELECTIONS

☒ Crash Summary I ☒ Section Detail ☒ Crash Summary II ☐ 1320 Public ☒ 1320 Private ☐ 1320 Summary

REPORT DESCRIPTION

Rte 1 from Mount Battie Rd to Lincolnville town line in Camden

REPORT PARAMETERS

Year 2011, Start Month 1 through Year 2013 End Month: 12

Route: 0001X

Start Node: 30581

Start Offset: 0

☐ Exclude First Node

End Node: 48725

End Offset: 0

☐ Exclude Last Node

Crash Summary I

| Nodes | | | | | | | | | | | | | | | |
|--------------|----------------|-----------------------------------|--------------|---------------|---|----------|-----------|-----------|----|-------------------------|------------------|-----------------------|---------------|------|------|
| Node | Route - MP | Node Description | U/R | Total Crashes | K | Injury A | Crashes B | Crashes C | PD | Percent Annual M Injury | Annual M Ent-Veh | Crash Rate | Critical Rate | CRF | |
| 30581 | 0001X - 137.53 | Int of BELFAST RD, INV 1300570 RD | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0.0 | 2.813 | 0.12 | 0.30 | 0.00 | |
| | | | | | | | | | | | | Statewide Crash Rate: | 0.09 | | |
| 30635 | 0001X - 137.57 | Int of BELFAST RD INV 1301006 RD | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 2.603 | 0.00 | 0.30 | 0.00 | |
| | | | | | | | | | | | | Statewide Crash Rate: | 0.09 | | |
| 48725 | 0001X - 139.21 | TL - Camden, Lincolnville | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 1.287 | 0.00 | 0.35 | 0.00 | |
| | | | | | | | | | | | | Statewide Crash Rate: | 0.09 | | |
| Study Years: | 3.00 | | NODE TOTALS: | | 1 | 0 | 0 | 0 | 0 | 1 | 0.0 | 6.703 | 0.05 | 0.24 | 0.21 |

Crash Summary I

| Sections | | | | | | | | | | | | | | | | | | |
|-----------------------------------|----------|---------|--------------------|-----------------|----------------|-----|---------------|----|----------|-----------|-----------|----|----------------|-------------|-----------------------------|---------------|--------|------|
| Start Node | End Node | Element | Offset Begin - End | Route - MP | Section Length | U/R | Total Crashes | K | Injury A | Crashes B | Crashes C | PD | Percent Injury | Annual HMVM | Crash Rate | Critical Rate | CRF | |
| 30581 | 30635 | 3131936 | 0 - 0.04 | 0001X - 137.53 | 0.04 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0.0 | 0.00102 | 0.00 | 374.83 | 0.00 | |
| Int of BELFAST RD, INV 1300570 RD | | | | | | | | | | | | | | | Statewide Crash Rate: 91.85 | | | |
| 48725 | 30635 | 3109133 | 0 - 1.64 | 0001X - 137.57 | 1.64 | 1 | 17 | 0 | 0 | 2 | 5 | 10 | 41.2 | 0.04220 | 134.28 | 157.29 | 0.00 | |
| TL - Camden, Lincolnville | | | | | | | | | | | | | | | Statewide Crash Rate: 91.85 | | | |
| Study Years: 3.00 | | | | Section Totals: | | | 1.68 | 17 | 0 | 0 | 2 | 5 | 10 | 41.2 | 0.04322 | 131.11 | 156.56 | 0.84 |
| | | | | | Grand Totals: | | 1.68 | 18 | 0 | 0 | 2 | 5 | 11 | 38.9 | 0.04322 | 138.82 | 191.51 | 0.72 |

Crash Summary

Section Details

| Start Node | End Node | Element | Offset Begin - End | Route - MP | Total Crashes | K | Injury Crashes | | | | Crash Report | Crash Date | Crash Mile Point | Injury Degree |
|---------------|-------------|---------|-----------------------|----------------|------------------|---|----------------|---|---|----|--------------|------------|---------------------|------------------|
| | | | | | | | A | B | C | PD | | | | |
| 30581 | 30635 | 3131936 | 0 - 0.04 | 0001X - 137.53 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |
| 48725 | 30635 | 3109133 | 0 - 1.64 | 0001X - 137.57 | 17 | 0 | 0 | 2 | 5 | 10 | 2011-5142 | 07/13/2011 | 137.60 | PD |
| | | | | | | | | | | | 2013-24379 | 09/26/2013 | 137.79 | PD |
| | | | | | | | | | | | 2013-19887 | 08/11/2013 | 138.08 | B |
| | | | | | | | | | | | 2012-34547 | 08/03/2012 | 138.15 | PD |
| | | | | | | | | | | | 2013-24826 | 09/27/2013 | 138.17 | C |
| | | | | | | | | | | | 2012-870 | 01/12/2012 | 138.42 | C |
| | | | | | | | | | | | 2012-47150 | 12/08/2012 | 138.57 | PD |
| | | | | | | | | | | | 2011-20621 | 12/25/2011 | 138.60 | PD |
| | | | | | | | | | | | 2013-26004 | 10/19/2013 | 138.65 | C |
| | | | | | | | | | | | 2013-14018 | 06/07/2013 | 138.67 | PD |
| | | | | | | | | | | | 2012-31259 | 06/22/2012 | 138.67 | PD |
| | | | | | | | | | | | 2012-30095 | 06/06/2012 | 138.68 | B |
| | | | | | | | | | | | 2013-21664 | 08/30/2013 | 138.72 | C |
| | | | | | | | | | | | 2012-40249 | 10/02/2012 | 138.77 | PD |
| | | | | | | | | | | | 2013-3945 | 02/08/2013 | 138.88 | PD |
| | | | | | | | | | | | 2011-11355 | 09/26/2011 | 138.89 | C |
| | | | | | | | | | | | 2011-15878 | 11/12/2011 | 138.89 | PD |
| Totals: | | | | | 17 | 0 | 0 | 2 | 5 | 10 | | | | |

Crash Summary II - Characteristics

Crashes by Day and Hour

| | AM | | | | | | | | | | | Hour of Day | | | | | | | | | | | PM | | | | | | | | | | | | |
|-------------|----|---|---|---|---|---|---|---|---|---|----|-------------|----|---|---|---|---|---|---|---|---|---|----|----|----|-----|--|--|--|--|--|--|--|--|--|
| Day Of Week | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | Un | Tot | | | | | | | | | |
| SUNDAY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | | | | | | | | |
| MONDAY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 2 | | | | | | | | | |
| TUESDAY | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | | | | | | | | | |
| WEDNESDAY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | | | | | | | | |
| THURSDAY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | | | | | | | | | |
| FRIDAY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 6 | | | | | | | | | |
| SATURDAY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | | | | | | | | | |
| Totals | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 3 | 2 | 2 | 2 | 1 | 1 | 1 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 18 | | | | | | | | | |

Vehicle Counts by Type

| Unit Type | Total | Unit Type | Total |
|---|-------|--------------|-------|
| 1-Passenger Car | 19 | 23-Bicyclist | 0 |
| 2-(Sport) Utility Vehicle | 1 | 24-Witness | 8 |
| 3-Passenger Van | 2 | 25-Other | 0 |
| 4-Cargo Van (10K lbs or Less) | 0 | Total | 37 |
| 5-Pickup | 4 | | |
| 6-Motor Home | 0 | | |
| 7-School Bus | 0 | | |
| 8-Transit Bus | 0 | | |
| 9-Motor Coach | 0 | | |
| 10-Other Bus | 0 | | |
| 11-Motorcycle | 0 | | |
| 12-Moped | 0 | | |
| 13-Low Speed Vehicle | 0 | | |
| 14-Autocycle | 0 | | |
| 15-Experimental | 0 | | |
| 16-Other Light Trucks (10,000 lbs or Less) | 0 | | |
| 17-Medium/Heavy Trucks (More than 10,000 lbs) | 3 | | |
| 18-ATV - (4 wheel) | 0 | | |
| 20-ATV - (2 wheel) | 0 | | |
| 21-Snowmobile | 0 | | |
| 22-Pedestrian | 0 | | |

Crash Summary II - Characteristics

Crashes by Driver Action at Time of Crash

| Driver Action at Time of Crash | Dr 1 | Dr 2 | Dr 3 | Dr 4 | Dr 5 | Other | Total |
|--|-----------|-----------|----------|----------|----------|----------|-----------|
| No Contributing Action | 7 | 9 | 0 | 0 | 0 | 0 | 16 |
| Ran Off Roadway | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Failed to Yield Right-of-Way | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ran Red Light | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ran Stop Sign | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disregarded Other Traffic Sign | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Disregarded Other Road Markings | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Exceeded Posted Speed Limit | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Drove Too Fast For Conditions | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Improper Turn | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Improper Backing | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Improper Passing | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wrong Way | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Followed Too Closely | 1 | 2 | 0 | 0 | 0 | 0 | 3 |
| Failed to Keep in Proper Lane | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| Operated Motor Vehicle in Erratic, Reckless, Careless, Negligent or Aggressive Manner | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Over-Correcting/Over-Steering | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Other Contributing Action | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Unknown | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| Total | 18 | 11 | 0 | 0 | 0 | 0 | 29 |

Crashes by Apparent Physical Condition And Driver

| Apparent Physical Condition | Dr 1 | Dr 2 | Dr 3 | Dr 4 | Dr 5 | Other | Total |
|--|-----------|-----------|----------|----------|----------|----------|-----------|
| Apparently Normal | 15 | 11 | 0 | 0 | 0 | 0 | 26 |
| Physically Impaired or Handicapped | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Emotional(Depressed, Angry, Disturbed, etc.) | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ill (Sick) | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Asleep or Fatigued | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| Under the Influence of Medications/Drugs/Alcohol | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 18 | 11 | 0 | 0 | 0 | 0 | 29 |

Driver Age by Unit Type

| Age | Driver | Bicycle | SnowMobile | Pedestrian | ATV | Total |
|--------------|-----------|----------|------------|------------|----------|-----------|
| 09-Under | 0 | 0 | 0 | 0 | 0 | 0 |
| 10-14 | 0 | 0 | 0 | 0 | 0 | 0 |
| 15-19 | 1 | 0 | 0 | 0 | 0 | 1 |
| 20-24 | 1 | 0 | 0 | 0 | 0 | 1 |
| 25-29 | 3 | 0 | 0 | 0 | 0 | 3 |
| 30-39 | 6 | 0 | 0 | 0 | 0 | 6 |
| 40-49 | 6 | 0 | 0 | 0 | 0 | 6 |
| 50-59 | 0 | 0 | 0 | 0 | 0 | 0 |
| 60-69 | 7 | 0 | 0 | 0 | 0 | 7 |
| 70-79 | 3 | 0 | 0 | 0 | 0 | 3 |
| 80-Over | 2 | 0 | 0 | 0 | 0 | 2 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 29 | 0 | 0 | 0 | 0 | 29 |

Crash Summary II - Characteristics

| Most Harmful Event | | | |
|---|-------|--|-------|
| Most Harmful Event | Total | Most Harmful Event | Total |
| 1-Overturn / Rollover | 2 | 38-Other Fixed Object (wall, building, tunnel, etc.) | 0 |
| 2-Fire / Explosion | 0 | 39-Unknown | 2 |
| 3-Immersion | 0 | 40-Gate or Cable | 0 |
| 4-Jackknife | 0 | 41-Pressure Ridge | 0 |
| 5-Cargo / Equipment Loss Or Shift | 0 | Total | 29 |
| 6-Fell / Jumped from Motor Vehicle | 0 | | |
| 7-Thrown or Falling Object | 0 | | |
| 8-Other Non-Collision | 3 | | |
| 9-Pedestrian | 0 | | |
| 10-Pedalcycle | 0 | | |
| 11-Railway Vehicle - Train, Engine | 0 | | |
| 12-Animal | 2 | | |
| 13-Motor Vehicle in Transport | 16 | | |
| 14-Parked Motor Vehicle | 0 | | |
| 15-Struck by Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle | 0 | | |
| 16-Work Zone / Maintenance Equipment | 0 | | |
| 17-Other Non-Fixed Object | 1 | | |
| 18-Impact Attenuator / Crash Cushion | 0 | | |
| 19-Bridge Overhead Structure | 0 | | |
| 20-Bridge Pier or Support | 0 | | |
| 21-Bridge Rail | 0 | | |
| 22-Cable Barrier | 0 | | |
| 23-Culvert | 0 | | |
| 24-Curb | 0 | | |
| 25-Ditch | 1 | | |
| 26-Embankment | 0 | | |
| 27-Guardrail Face | 0 | | |
| 28-Guardrail End | 0 | | |
| 29-Concrete Traffic Barrier | 0 | | |
| 30-Other Traffic Barrier | 0 | | |
| 31-Tree (Standing) | 1 | | |
| 32-Utility Pole / Light Support | 0 | | |
| 33-Traffic Sign Support | 0 | | |
| 34-Traffic Signal Support | 0 | | |
| 35-Fence | 0 | | |
| 36-Mailbox | 1 | | |
| 37-Other Post Pole or Support | 0 | | |

| Traffic Control Devices | | |
|-----------------------------------|-------|--|
| Traffic Control Device | Total | |
| 1-Traffic Signals (Stop & Go) | 0 | |
| 2-Traffic Signals (Flashing) | 0 | |
| 3-Advisory/Warning Sign | 0 | |
| 4-Stop Signs - All Approaches | 0 | |
| 5-Stop Signs - Other | 0 | |
| 6-Yield Sign | 0 | |
| 7-Curve Warning Sign | 0 | |
| 8-Officer, Flagman, School Patrol | 0 | |
| 9-School Bus Stop Arm | 0 | |
| 10-School Zone Sign | 0 | |
| 11-R.R. Crossing Device | 0 | |
| 12-No Passing Zone | 0 | |
| 13-None | 18 | |
| 14-Other | 0 | |
| Total | 18 | |

| Injury Data | | |
|---------------|----------------|--------------------|
| Severity Code | Injury Crashes | Number Of Injuries |
| K | 0 | 0 |
| A | 0 | 0 |
| B | 2 | 3 |
| C | 5 | 8 |
| PD | 11 | 0 |
| Total | 18 | 11 |

| Road Character | |
|------------------|-------|
| Road Grade | Total |
| 1-Level | 12 |
| 2-On Grade | 4 |
| 3-Top of Hill | 1 |
| 4-Bottom of Hill | 1 |
| 5-Other | 0 |
| Total | 18 |

| Light | |
|---------------------------|-------|
| Light Condition | Total |
| 1-Daylight | 14 |
| 2-Dawn | 0 |
| 3-Dusk | 0 |
| 4-Dark - Lighted | 0 |
| 5-Dark - Not Lighted | 4 |
| 6-Dark - Unknown Lighting | 0 |
| 7-Unknown | 0 |
| Total | 18 |

Crash Summary II - Characteristics

Crashes by Year and Month

| Month | 2011 | 2012 | 2013 | Total |
|-----------|------|------|------|-------|
| JANUARY | 0 | 1 | 0 | 1 |
| FEBRUARY | 0 | 0 | 2 | 2 |
| MARCH | 0 | 0 | 0 | 0 |
| APRIL | 0 | 0 | 0 | 0 |
| MAY | 0 | 0 | 0 | 0 |
| JUNE | 0 | 2 | 1 | 3 |
| JULY | 1 | 0 | 0 | 1 |
| AUGUST | 0 | 1 | 2 | 3 |
| SEPTEMBER | 1 | 0 | 2 | 3 |
| OCTOBER | 0 | 1 | 1 | 2 |
| NOVEMBER | 1 | 0 | 0 | 1 |
| DECEMBER | 1 | 1 | 0 | 2 |
| Total | 4 | 6 | 8 | 18 |

Report is limited to the last 10 years of data.

Crash Summary II - Characteristics

Crashes by Crash Type and Type of Location

| Crash Type | Straight Road | Curved Road | Three Leg Intersection | Four Leg Intersection | Five or More Leg Intersection | Driveways | Bridges | Interchanges | Other | Parking Lot | Private Way | Cross Over | Railroad Crossing | Total |
|--------------------------|---------------|-------------|------------------------|-----------------------|-------------------------------|-----------|---------|--------------|-------|-------------|-------------|------------|-------------------|-------|
| Object in Road | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rear End / Sideswipe | 3 | 0 | 1 | 0 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 |
| Head-on / Sideswipe | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Intersection Movement | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pedestrians | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Train | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Went Off Road | 2 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| All Other Animal | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bicycle | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jackknife | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rollover | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fire | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Submersion | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Thrown or Falling Object | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bear | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Deer | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Moose | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Turkey | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 10 | 2 | 1 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18 |

Crash Summary II - Characteristics

Crashes by Weather, Light Condition and Road Surface

| Weather Light | Dry | Ice/Frost | Mud, Dirt, Gravel | Oil | Other | Sand | Slush | Snow | Unknown | Water (Standing, Moving) | Wet | Total |
|---------------------------------|-----|-----------|----------------------|-----|-------|------|-------|------|---------|--------------------------------|-----|-------|
| Blowing Sand, Soil, Dirt | | | | | | | | | | | | |
| Dark - Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Not Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Unknown Lighting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dawn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daylight | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dusk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Blowing Snow | | | | | | | | | | | | |
| Dark - Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Not Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Unknown Lighting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dawn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daylight | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Dusk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clear | | | | | | | | | | | | |
| Dark - Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Not Lighted | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| Dark - Unknown Lighting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dawn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daylight | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 7 |
| Dusk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cloudy | | | | | | | | | | | | |
| Dark - Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Not Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Unknown Lighting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dawn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daylight | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| Dusk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Crash Summary II - Characteristics

Crashes by Weather, Light Condition and Road Surface

| Weather Light | Dry | Ice/Frost | Mud, Dirt, Gravel | Oil | Other | Sand | Slush | Snow | Unknown | Water (Standing, Moving) | Wet | Total |
|--------------------------|-----|-----------|----------------------|-----|-------|------|-------|------|---------|--------------------------------|-----|-------|
| Fog, Smog, Smoke | | | | | | | | | | | | |
| Dark - Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Not Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Unknown Lighting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dawn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daylight | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dusk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | | | | | | | | | | | | |
| Dark - Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Not Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Unknown Lighting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dawn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daylight | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dusk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rain | | | | | | | | | | | | |
| Dark - Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Not Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Dark - Unknown Lighting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dawn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daylight | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Dusk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Severe Crosswinds | | | | | | | | | | | | |
| Dark - Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Not Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Unknown Lighting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dawn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daylight | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dusk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Crash Summary II - Characteristics

Crashes by Weather, Light Condition and Road Surface

| Weather Light | Dry | Ice/Frost | Mud, Dirt, Gravel | Oil | Other | Sand | Slush | Snow | Unknown | Water (Standing, Moving) | Wet | Total |
|---|-----------|-----------|----------------------|----------|----------|----------|----------|----------|----------|--------------------------------|----------|-----------|
| Sleet, Hail (Freezing Rain or Drizzle) | | | | | | | | | | | | |
| Dark - Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Not Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Unknown Lighting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dawn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daylight | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dusk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Snow | | | | | | | | | | | | |
| Dark - Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dark - Not Lighted | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| Dark - Unknown Lighting | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dawn | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Daylight | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| Dusk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 18 |

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|---|--|----------------------------------|--|--|--|---|--|--|-----------------------------------|--|--|
| Reporting Agency ME0070100 | | Report Number C13-0375 | | Crash Date 2/11/2013 | | Crash Time 11:35 | | At Scene Date 2/11/2013 | | At Scene Time 11:40 | |
| City or Town Camden | | | Street or Highway BELFAST ST | | | Nearest Intersecting Street Int of BELFAST ST, INV 1300570 RD | | | <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 44.230180 | | | Longitude -69.047320 | | |
| Node 1 30581 | | Node 2 0 | | Measurement Node | | Distance to Scene 0 Miles 0 Tenths | | Posted Speed Limit Miles 40 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 2 - Rear End / Sideswipe | | | | | | (F2) Type of Location 3 - Three Leg Intersection | | | | | |
| (F3) Weather Condition 6 - Snow | | | | | | (F4) Light Condition 1 - Daylight | | | | | |
| (F5) Road Grade 1 - Level | | | | | | (F6) Road Surface Condition 3 - Snow | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | | | | |
| (F8) Location of First Harmful Event 1 - On Roadway | | | | | | Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| (F9) Contributing Circumstances - Environment 1 2 - Weather Conditions | | | | | | (F9) Contributing Circumstances - Environment 2 1 - None | | | | | |
| (F10) Contributing Circumstances - Road 1 2 - Road Surface Condition (Wet, Icy, Snow, Slush, etc.) | | | | | | (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>Unit#1 was plowing snow on Rt. 1 heading south. Operator is employed by the Farley & Son Landscaping company for winter road maintenance of Rt. 1. Unit#2 was travelling behind Unit#1 also heading Rt. 1 south. For an unknown reason Unit#1 stopped in traffic on Rt. 1 and started to back up in the area of the entrance to Camden Hills State Park. Operator of Unit#2 stated that she had come to a stop in the south bound lane. Unit#2 operator stated that vehicles were backed up behind her. Unit#1 did not see Unit#2 stopped behind them. Unit#1 backed up and struck Unit#2 in the front of the vehicle. Operator of Unit#1 told the operator of Unit#2 that he was tired and had been plowing snow for several hours.</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 Det Curt Andrick | | | | Badge# 304 | | Report Date 2/11/2013 | | Approved By Sgt John Tooley | | Approved Date 2/14/2013 | |

Report Number

C13-0375

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | | | | | | | | | | | | |
|--|--|--|---|---|---|---|---|---|--|---|---|---|---|---|---|----------|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 1HTGGATR81H403921 | License Plate 6A4785 | State ME | Weight 17 - Medium/Heavy Trucks (More than 10,000 lbs) | | | | | | | | | | | |
| <input type="checkbox"/> No Insurance | | NAIC | Insurance Company Name Continental Western Insurance | | Insurance Policy Number CAA029750313 | | | | | | | | | | | |
| (U2) Vehicle Make 29 - INTERNATIONAL | | | Vehicle Year 2001 | (U3) Vehicle Color 9 - Purple, Orange, Other | | | | | | | | | | | | |
| (U4) Vehicle Configuration 99 - Other Truck Greater Than 10,000 lbs. (not listed above) | | | GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input checked="" 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 type="checkbox"/> Northbound <input checked="" 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 | | | | | | | | | | | | | | | | |
| 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 20 - Backing | | | (U9) Contributing Circumstances - Vehicle 1 - None | | | | | | | | | | | | | |
| (U10) Sequence of Events 1 50 - No Other Events | | | (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"/> Last Known Operator License Number 9644277 <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended State ME License Class A Endorsements 0 Restrictions 0 | | | | | | | | | | | | | | | | |
| DRIVER Last Name Simendinger, Bret | | | First Name | MI | DRIVER Address 113 Broadway, Rockland ME 04841 | | | | | | | | | | | |
| Citation Number Pending <input type="checkbox"/> | | | Violation 1 | | Violation 2 | | | | | | | | | | | |
| OWNER Last Name (skip if same as Driver) First Name Farley & Son Landscaping | | | First Name | MI | OWNER Address 310 Commercial Street, Rockport ME 04856 | | | | | | | | | | | |
| (D1) Driver Distracted By 1 - Not Distracted | | | (D2) Condition at Time of Crash 5 - Asleep or Fatigued | | | | | | | | | | | | | |
| (D3) Driver Actions at Time of Crash 1 11 - Improper Backing | | | (D3) Driver Actions at Time of Crash 2 11 - Improper Backing | | | | | | | | | | | | | |
| 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 | | | 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 | | | | | | | | | | | | | | | | |
| <table border="0"> <tr> <td>SEAT ROW 1-Front Row 2-Second Row 3-Third Row 4-Fourth Row 5-Other Row 6-Unknown</td> <td>SEAT POSITION 1-Left (driver) 2-Middle 3-Right 4-Other 5-Unknown 6-Unknown</td> <td>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</td> <td>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</td> <td>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</td> <td>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</td> <td>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</td> <td>INJURY DEGREE 1-Fatal 2-Incapacitating 3-Nonincapacitating 4-Possible Injury 5-No Injury</td> <td>INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation</td> </tr> </table> | | | | | | | 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-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 | |
| 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-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 | | | | | | | | |
| AMB CODES - see code sheet | | | | | | | | | | | | | | | | |
| Person Type | Include Driver, Passengers, Bicyclist, and Pedestrians | | Sex (M,F,U) | DOB | Seat Pos Row | Seat Pos Other | Seat Pos Other | Air Bag Deployed | Ejected | Restraint System | Helmet Use | Injury Degree | Injury Type | Injury Area | Inj Info Source | Amb Code |
| 1 | Simendinger, Bret | | M | 03/07/86 | 1 | 1 | | 1 | 1 | 3 | 3 | 5 | | | 2 | 1 |
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Report Number
C13-0375

STATE OF MAINE CRASH REPORT

UNIT PAGE

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|---------------------------------------|-----------------------------------|--|--------------------------------|---|--|
| Unit ID 2 | <input type="checkbox"/> Hit Run? | VIN JF1SF6352WG767193 | License Plate 3966SW | State ME | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Geico Insurance | | Insurance Policy Number 4252-16-99-84 | |

| | | |
|---|-----------------------------|--|
| (U2) Vehicle Make 65 - SUBARU | Vehicle Year 1998 | (U3) Vehicle Color 5 - Green |
|---|-----------------------------|--|

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|----------------------------|--|
| (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 type="checkbox"/> Northbound <input checked="" type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown |
|--|---|--|

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|---|---|---|
| (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 |
|---|---|---|

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| Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage |
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|---|---|
| (U6) Most Damaged Area 12 - Front | (U7) Most Harmful Event 8 - Other Non-Collision |
|---|---|

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| (U8) Pre Crash Actions 11 - Stopped in traffic | (U9) Contributing Circumstances - Vehicle 1 - None |
|--|--|

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| (U10) Sequence of Events 1 50 - No Other Events | (U10) Sequence of Events 2 |
|---|----------------------------|

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|----------------------------|----------------------------|
| (U10) Sequence of Events 3 | (U10) Sequence of Events 4 |
|----------------------------|----------------------------|

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|--|----------------------------------|---|--------------------|---------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator | License Number 3154238 | <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 A |
|--|----------------------------------|---|--------------------|---------------------------|--------------------------|--------------------------|

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|---|-------------------------|--|-------------------|--------------------|---------------------|
| DRIVER Last Name Swan, Sara R | First Name MI | DRIVER Address 2292 Winslows Mill Road, Waldoboro ME 04572 | City ME | State ME | Zip 04572 |
|---|-------------------------|--|-------------------|--------------------|---------------------|

| | | |
|--|-------------|-------------|
| Citation Number <input type="checkbox"/> Pending <input type="checkbox"/> | Violation 1 | Violation 2 |
|--|-------------|-------------|

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|---|-----------------|--|-------------------|--------------------|---------------------|
| OWNER Last Name (skip if same as Driver) First Name Martin, Elmer R | MI MI | OWNER Address 2292 Winslows Mills Road, Waldoboro ME 04572 | City ME | State ME | Zip 04572 |
|---|-----------------|--|-------------------|--------------------|---------------------|

| | |
|--|---|
| (D1) Driver Distracted By 1 - Not Distracted | (D2) Condition at Time of Crash 1 - Apparently Normal |
|--|---|

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|---|--|
| (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 checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <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 |
|---|--|--------------------|

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|--|--|
| Drug Test <input type="checkbox"/> Urine <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <input type="checkbox"/> Other | Drug Test Result <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Pending |
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|---|---|
| (D4) Non Motorist Location at Time of Crash | (D5) Non Motorist Action Prior to Crash |
|---|---|

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|---|---|
| (D6) Non Motorist Action at Time of Crash 1 | (D6) Non Motorist Action at Time of Crash 2 |
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|---------------------------|--------------------------|
| (D7) Pedestrian Maneuvers | (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 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

AMB CODES - see code sheet

| 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 | Swan, Sara R | M | 05/21/79 | 1 | 1 | | 2 | 1 | 3 | 3 | 5 | | | 2 | 1 |
| | | | | | | | | | | | | | | | |
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|---|--|----------------------------------|--|--|--|---|--|---|--------------------------------|---|--|-----------------------------------|-------|-----|
| Reporting Agency ME0070100 | | Report Number C11-2791 | | Crash Date 7/13/2011 | | Crash Time 17:00 | | At Scene Date 7/13/2011 | | At Scene Time 17:20 | | | | |
| City or Town Camden | | | | Street or Highway BELFAST ST | | | | Nearest Intersecting Street Int of BELFAST ST, INV 1301006 RD | | | | <input type="checkbox"/> Off Road | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 172 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles | | Latitude 44.231090 | | | Longitude -69.046910 | | | | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 30635 | | Distance to Scene M1es T:61s | | Posted Speed Limit Miles 35 Hour | | <input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25 | <input type="checkbox"/> Not Posted 45 | | | |
| (F1) Type of Crash 2 - Rear End / Sideswipe | | | | | | (F2) Type of Location 1 - Straight Road | | | | | | | | |
| (F3) Weather Condition 2 - Cloudy | | | | | | (F4) Light Condition 1 - Daylight | | | | | | | | |
| (F5) Road Grade 1 - Level | | | | | | (F6) Road Surface Condition 1 - Dry | | | | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk | | | | | | | | |
| (F8) Location of First Harmful Event 1 - On Roadway | | | | | | Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input 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 | | | | | | | | |
| NARRATIVE While traveling North on Belfast Road (US Rte 1) Unit 2 stopped for vehicle's that were stopped in front of him waiting for pedestrians to cross the roadway. Unit 1 failed to stop in time and rear ended Unit 2. There was no crosswalk at this location and the pedestrians did not stay at the accident scene. All parties at the scene stated that they had no injuries. | | | | | | CRASH DIAGRAM | | | | | | | | |
| Witness Last Name Tatgenhorst, Jim | | First | | MI | | Address 473 Monroe Rd, Winterport ME 04496 | | 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 Ofc Allen Weaver | | | | Badge# 308 | | Report Date 7/13/2011 | | Approved By Ofc John Tooley | | Approved Date 7/19/2011 | | | | |

Report Number
C11-2791

STATE OF MAINE CRASH REPORT

UNIT PAGE

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|--|-----------------------------------|---|--|---|--|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 4S3BK675XX7306535 | License Plate 808ALF | State ME | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Concord General Mutual Ins. Co | | Insurance Policy Number 1102462 | |
| (U2) Vehicle Make 65 - SUBARU | | | Vehicle Year 1999 | (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 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 | | | | | |
| Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage | | | | | |
| (U6) Most Damaged Area 12 - Front | | | (U7) Most Harmful Event 13 - Motor Vehicle in Transport | | |
| (U8) Pre Crash Actions 1 - Following roadway | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 50 - No Other Events | | | (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 2074205 <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended State ME License Class C Endorsements Restrictions A | | | | | |
| DRIVER Last Name Therault, Jennifer M | | | First Name MI | DRIVER Address PO Box 292, Lincolnville ME 04849 | |
| Citation Number Pending <input type="checkbox"/> | | | Violation 1 | | Violation 2 |
| OWNER Last Name (skip if same as Driver) First Name Therault, Jennifer M | | | MI | OWNER Address PO Box 292, Lincolnville ME 04849 | |
| (D1) Driver Distracted By 1 - Not Distracted | | | (D2) Condition at Time of Crash 1 - Apparently Normal | | |
| (D3) Driver Actions at Time of Crash 1 20 - Unknown | | | (D3) Driver Actions at Time of Crash 2 20 - Unknown | | |
| Alcohol Test <input checked="" 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) | | | Alcohol Test Result Pending | | |
| Drug Test <input checked="" 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 | | |

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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 Deployed | 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) | | | | | | | | | |
| 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-Abrasion/Bruises | 8-Internal | 1-Officer Observation | | | | | | | | |
| 2-Ejected Partially | | 2-Other Helmet | | 9-Child Restraint - Used Incorrectly | 9-Complaint of Pain | 9-Entire Body | 2-Individual Statement | | | | | | | | |
| 3-Ejected Totally | | 3-No Helmet | | 10-Booster Seat | 10-Other | 10-Other | 3-Medical, Paramedical Observation | | | | | | | | |
| | | | | 11-Child Restraint - Other | | | | | | | | | | | |
| AMB CODES - see code sheet | | | | | | | | | | | | | | | |
| 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 | Amb Code |
| 6 | Therault, Jennifer M | | F | 08/27/74 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 2 1 |
| 2 | Therault, Kendra | | F | 10/28/95 | 1 | 3 | | 2 | 1 | 3 | | 5 | | | 2 1 |
| 2 | Therault, Crystal | | F | 05/16/93 | 2 | 1 | | 2 | 1 | 3 | | 5 | | | 2 1 |
| | | | | | | | | | | | | | | | |
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A

Report Number
C11-2791

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|--|-----------------------------------|---|--|---|--|
| Unit ID 2 | <input type="checkbox"/> Hit Run? | VIN 5TDYK4CC6AS331657 | License Plate 743PF | State ME | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name USAA | | Insurance Policy Number 000555860U71066 | |
| (U2) Vehicle Make 67 - TOYOTA | | | Vehicle Year 2010 | (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. | | |
| 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 | | | | | |
| Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage | | | | | |
| (U6) Most Damaged Area 6 - Rear | | | (U7) Most Harmful Event 13 - Motor Vehicle in Transport | | |
| (U8) Pre Crash Actions 11 - Stopped in traffic | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 50 - No Other Events | | | (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 4845179 <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 | | | | | |
| <input type="checkbox"/> Last Known Operator | | | | | |
| DRIVER Last Name Meade, William C | | | First Name MI | DRIVER Address 1598 Turtlehead Rd., Isleboro ME 04848 | City State Zip |
| Citation Number Pending | | | Violation 1 | Violation 2 | |
| OWNER Last Name (skip if same as Driver) First Name Meade, William C | | | MI | OWNER Address 1598 Turtlehead Rd., Isleboro ME 04848 | City State Zip |
| (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 checked="" 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 checked="" 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | 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 |
| 6 | Meade, William C | M | 01/21/41 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 2 | 1 |
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|---|--|----------------------------------|--|---|--|---|--|---|--------------------------------|--|--|-----------------------------------|--|-------|--|-----|--|
| Reporting Agency ME0070100 | | Report Number C11-4217 | | Crash Date 9/26/2011 | | Crash Time 20:42 | | At Scene Date 9/26/2011 | | At Scene Time 20:49 | | | | | | | |
| City or Town Camden | | | | Street or Highway BELFAST ST | | | | Intersection 1307128th CAMDEN-LINCOLNVILLE CL | | | | <input type="checkbox"/> Off Road | | | | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 0.33 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.248350 | | | Longitude -69.034210 | | | | | | | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 48725 | | Distance to Scene 0.33 Miles | | Posted Speed Limit 50 Miles per 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 18 - Moose | | | | | | (F2) Type of Location 1 - Straight Road | | | | | | | | | | | |
| (F3) Weather Condition 1 - Clear | | | | | | (F4) Light Condition 5 - Dark - Not Lighted | | | | | | | | | | | |
| (F5) Road Grade 1 - Level | | | | | | (F6) Road Surface Condition 1 - Dry | | | | | | | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | |
| (F9) Contributing Circumstances - Environment 1 5 - Animal(s) in Roadway | | | | | | (F9) Contributing Circumstances - Environment 2 1 - None | | | | | | | | | | | |
| (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 | | | | | | | | | | | |
| NARRATIVE Unit 1 was traveling southbound on Rt 1 near 606 Belfast Road and struck a moose as it entered the roadway. Passenger was transported to Pen Bay by Camden First Aid for minor injuries. Operator did not sustain any injuries. Moose was dead upon arrival. I estimated the damage value at \$3,500. | | | | | | 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 | | | | | | <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 Ofc Cody Laite | | | | Badge# 310 | | Report Date 9/26/2011 | | Approved By Sgt John Tooley | | | | Approved Date 9/30/2011 | | | | | |
















Report Number
C11-4217

STATE OF MAINE CRASH REPORT

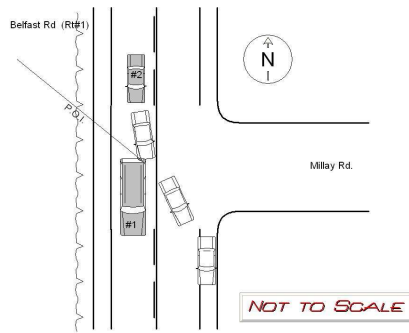
UNIT PAGE

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---|---|---|---|------------------|---|------------------|---|---------------|---|-------------|-----------------|----------|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 1FVABTAK74DM62686 | License Plate 958002 | State ME | 17 - Medium/Heavy Trucks (More than 10,000 lbs) | | | | | | | | | | | | |
| <input type="checkbox"/> No Insurance | | NAIC | Insurance Company Name Wausau Underwriters Insurance Company | | | | Insurance Policy Number ASJZ91451307021 | | | | | | | | | | |
| (U2) Vehicle Make 19 - FREIGHTLINER | | | | Vehicle Year 2004 | | (U3) Vehicle Color 14 - White | | | | | | | | | | | |
| (U4) Vehicle Configuration 5 - Single-Unit Truck (2 axles, 6 tires) | | | | GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input checked="" 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 type="checkbox"/> Northbound <input checked="" 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 | | | | | | | | | | | |
| 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 12 - Animal | | | | | | | | | | | |
| (U8) Pre Crash Actions 1 - Following roadway | | | | | | (U9) Contributing Circumstances - Vehicle 1 - None | | | | | | | | | | | |
| (U10) Sequence of Events 1 20 - Animal | | | | | | (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"/> Last Known Operator | | License Number 3566162 | | <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | | State ME | | License Class A | | Endorsements I,N | | Restrictions 0 | | | | | |
| DRIVER Last Name Roscoe, James M | | | | First Name MI | | DRIVER Address 69 North Main Street, Rockland ME 04841 | | | | City ME | | State ME | | Zip 04841 | | | |
| Citation Number Pending | | | | Violation 1 | | | | Violation 2 | | | | | | | | | |
| OWNER Last Name (skip if same as Driver) Atwood Lobster, LLC | | | | First Name MI | | OWNER Address 286 Island Road, Spruce Head ME 04859 | | | | City ME | | State ME | | Zip 04859 | | | |
| (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 | | 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 checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood | | 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- Unenclosed Cargo Area 3- 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-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 | | | |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | | | | | | | | | | | | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | |
| AMB CODES - see code sheet | | | | | | | | | | | | | | | | | |
| 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 | Roscoe, James M | | | M | 12/07/66 | 1 | 1 | | 2 | 1 | 3 | 3 | 5 | | | 2 | 1 |
| 2 | Roscoe, Zarvy E | | | M | 10/16/98 | 1 | 3 | | 2 | 1 | 3 | 3 | 4 | 10 | 1 | 2 | 120 |
| | | | | | | | | | | | | | | | | | |
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STATE OF MAINE CRASH REPORT

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|---|---|--|---|---|-------------------|---|---|------------------------------|---------------------------------|--------------|--|---|--|------------------|--------------|-------------------------|-----------------------|-----------------------|----------------------|-------------------|-------------|------------|---------------------|--------------------|------------------|----------------|---------------|---------|----------------------------|--------|--|
| Report Number C11-4217 | | Commercial Vehicle Supplemental | | No Carrier Identification Numbers <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Unit ID 1 | USDOT Number 2159229 | MC/MX Number | State Number | MCSAP Number | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Interstate Carrier | | <input type="checkbox"/> Intrastate Carrier | <input type="checkbox"/> Not in Commerce-Government | <input type="checkbox"/> Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Carrier Name Atwood Lobster, LLC | | | Carrier Phone 207-596-6691 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address 286 Island Road, Spruce Head ME 04859 | | City | | State Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Oversize Permit Weight | | <input type="checkbox"/> Oversize Permit Length | <input type="checkbox"/> Oversize Permit Height | <input type="checkbox"/> Oversize Permit Width | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Cargo Body Type (enter one code from below) | | <input type="checkbox"/> Unloaded | <input type="checkbox"/> Partially Loaded <input checked="" type="checkbox"/> Loaded | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Bus (9-15 Seats, Including Driver)  | | 6 Dump  | | 11 Pole  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Bus (16 or More Seats, Including Driver)  | | 7 Concrete Mixer  | | 12 Log  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Van/Enclosed Box  | | 8 Auto Transporter  | | 13 Intermodal Chassis  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Cargo Tank  | | 9 Garbage/Refuse  | | 14 Vehicle Towing Motor Vehicle  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Flat Bed  | | 10 Grain, Chips, Gravel  | | 15 No Cargo Body  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98 Other Cargo Body (not listed above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Z Commodity Code (enter one code from below) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">A General Freight</td> <td style="width: 33%;">J Fresh Produce</td> <td style="width: 33%;">S Garbage, Refuse, Trash</td> </tr> <tr> <td>B Household Goods</td> <td>K Liquids / Gases in Cargo Tank</td> <td>T U.S. Mail</td> </tr> <tr> <td>C Metal: Sheets, Coils, Rolls</td> <td>L Intermodal</td> <td>U Chemicals</td> </tr> <tr> <td>D Motor Vehicles</td> <td>M Passengers</td> <td>V Commodities, Dry Bulk</td> </tr> <tr> <td>E DriveAway / TowAway</td> <td>N Oil Field Equipment</td> <td>W Refrigerated Foods</td> </tr> <tr> <td>F Forest Products</td> <td>O Livestock</td> <td>X Beverage</td> </tr> <tr> <td>G Building Products</td> <td>P Grain, Feed, Hay</td> <td>Y Paper Products</td> </tr> <tr> <td>H Mobile Homes</td> <td>Q Coal / Coke</td> <td>Z Other</td> </tr> <tr> <td>I Machinery, Large Objects</td> <td>R Meat</td> <td></td> </tr> </table> | | | | | A General Freight | J Fresh Produce | S Garbage, Refuse, Trash | B Household Goods | K Liquids / Gases in Cargo Tank | T U.S. Mail | C Metal: Sheets, Coils, Rolls | L Intermodal | U Chemicals | D Motor Vehicles | M Passengers | V Commodities, Dry Bulk | E DriveAway / TowAway | N Oil Field Equipment | W Refrigerated Foods | F Forest Products | O Livestock | X Beverage | G Building Products | P Grain, Feed, Hay | Y Paper Products | H Mobile Homes | Q Coal / Coke | Z Other | I Machinery, Large Objects | R Meat | |
| A General Freight | J Fresh Produce | S Garbage, Refuse, Trash | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B Household Goods | K Liquids / Gases in Cargo Tank | T U.S. Mail | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C Metal: Sheets, Coils, Rolls | L Intermodal | U Chemicals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D Motor Vehicles | M Passengers | V Commodities, Dry Bulk | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| E DriveAway / TowAway | N Oil Field Equipment | W Refrigerated Foods | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| F Forest Products | O Livestock | X Beverage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| G Building Products | P Grain, Feed, Hay | Y Paper Products | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H Mobile Homes | Q Coal / Coke | Z Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I Machinery, Large Objects | R Meat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 Bus Use (enter one code from below) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">0 Not a Bus</td> <td style="width: 33%;">2 Transit</td> <td style="width: 33%;">4 Charter</td> </tr> <tr> <td>1 School (Public or Private)</td> <td>3 Intercity</td> <td>5 Other</td> </tr> </table> | | | | | 0 Not a Bus | 2 Transit | 4 Charter | 1 School (Public or Private) | 3 Intercity | 5 Other | | | | | | | | | | | | | | | | | | | | | |
| 0 Not a Bus | 2 Transit | 4 Charter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 School (Public or Private) | 3 Intercity | 5 Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> HAZMAT Class Number (enter one code from below) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">1 Explosives</td> <td style="width: 50%;">6 Poisonous (Toxic) and Infectious Substances</td> </tr> <tr> <td>2 Gases - Compressed, Dissolved or Refrigerated</td> <td>7 Radioactive Material</td> </tr> <tr> <td>3 Flammable Liquids</td> <td>8 Corrosives</td> </tr> <tr> <td>4 Flammable Solids-Combustible, Water Reactive</td> <td>9 Miscellaneous Dangerous Goods, or Blank</td> </tr> <tr> <td>5 Oxidizing Substances-Organic Peroxides</td> <td></td> </tr> </table> | | | | | 1 Explosives | 6 Poisonous (Toxic) and Infectious Substances | 2 Gases - Compressed, Dissolved or Refrigerated | 7 Radioactive Material | 3 Flammable Liquids | 8 Corrosives | 4 Flammable Solids-Combustible, Water Reactive | 9 Miscellaneous Dangerous Goods, or Blank | 5 Oxidizing Substances-Organic Peroxides | | | | | | | | | | | | | | | | | | |
| 1 Explosives | 6 Poisonous (Toxic) and Infectious Substances | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 Gases - Compressed, Dissolved or Refrigerated | 7 Radioactive Material | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Flammable Liquids | 8 Corrosives | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Flammable Solids-Combustible, Water Reactive | 9 Miscellaneous Dangerous Goods, or Blank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 Oxidizing Substances-Organic Peroxides | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> HAZMAT 4 Digit Number Was HAZMAT released from THIS vehicle's cargo? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|----------------------------------|--|--|--|---|--|--|-----------------------------------|--|--|---------------------------------------|--|------------------------------------|------------------------------------|--|--|----------------------------------|--|--|
| Reporting Agency ME0070400 | | Report Number R11-4057 | | Crash Date 11/12/2011 | | Crash Time 12:06 | | At Scene Date 11/12/2011 | | At Scene Time 12:20 | | | | | | | | | | |
| City or Town Camden | | | Street or Highway BELFAST ST | | | Nearest Intersecting Street Int of BELFAST ST, INV 1301006 RD | | | <input type="checkbox"/> Off Road | | | | | | | | | | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 424 <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Miles | | Latitude 44.231560 | | | Longitude -69.046700 | | | | | | | | | | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 30635 | | Distance to Scene M:0s T:32s | | Posted Speed Limit Miles 55 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 2 - Rear End / Sideswipe | | | | | | (F2) Type of Location 1 - Straight Road | | | | | | | | | | | | | | |
| (F3) Weather Condition 2 - Cloudy | | | | | | (F4) Light Condition 1 - Daylight | | | | | | | | | | | | | | |
| (F5) Road Grade 1 - Level | | | | | | (F6) Road Surface Condition 1 - Dry | | | | | | | | | | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | |
| (F9) Contributing Circumstances - Environment 1 6 - Other | | | | | | (F9) Contributing Circumstances - Environment 2 1 - None | | | | | | | | | | | | | | |
| (F10) Contributing Circumstances - Road 1 1 - None | | | | | | (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 checked="" type="checkbox"/> No | | | | | | | | | | | | | | |
| NARRATIVE Vehicle #1 was slowing for turning traffic when Vehicle #2 stated he looked up and it was to late for him to stop. #2 collided into the rear of #1 | | | | | | 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 | | | | | | | | | <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 Dana Smith | | | | Badge# 204 | | Report Date 11/12/2011 | | | | Approved By SGT Travis Ford | | | | Approved Date 11/19/2011 | | | | | | |

Report Number
R11-4057

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|---|-----------------------------------|---|--|---|--|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 1J8GN28K79W551952 | License Plate 5477SD | State ME | (U1) Unit Type 2 - (Sport) Utility Vehicle |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Geico | | Insurance Policy Number 4084731787 | |
| (U2) Vehicle Make 33 - JEEP | | | Vehicle Year 2009 | (U3) Vehicle Color 10 - Red | |
| (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 type="checkbox"/> Northbound <input checked="" 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 | | | | | |
| Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage | | | | | |
| (U6) Most Damaged Area 6 - Rear | | | (U7) Most Harmful Event 39 - Unknown | | |
| (U8) Pre Crash Actions 10 - Slowing in traffic | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 50 - No Other Events | | | (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 9139219 <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 A <input type="checkbox"/> Last Known Operator | | | | | |
| DRIVER Last Name Domareki, Gregory J | | | First Name MI | DRIVER Address 15 Union St., Camden ME 04843 | |
| Citation Number Pending <input type="checkbox"/> | | | Violation 1 | | Violation 2 |
| OWNER Last Name (skip if same as Driver) First Name Domareki, Gregory J | | | MI | OWNER Address 15 Union St., Camden ME 04843 | |
| (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 checked="" 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) | | | Alcohol Test Result Pending Alcohol BAC Result | | |
| Drug Test <input checked="" 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 | | |

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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 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

| AMB CODES - see code sheet | | | | | | | | | | | | | | | |
|----------------------------|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| 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 |
| 6 | Domareki, Gregory J | M | 06/12/76 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 2 | 1 |
| 2 | Donovan-Domareki, Erin M | F | 11/30/79 | 2 | 5 | | 1 | 1 | 2 | | 5 | | | 2 | 1 |
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Report Number
R11-4057

STATE OF MAINE CRASH REPORT

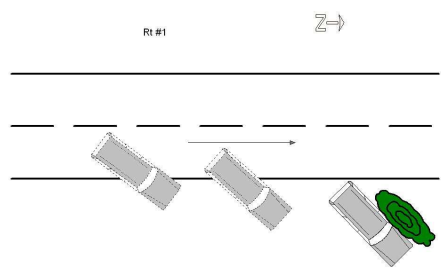
UNIT PAGE

| | | | | | |
|--|-----------------------------------|---|---|---|--|
| Unit ID 2 | <input type="checkbox"/> Hit Run? | VIN 4S3BH635817307727 | License Plate 3506RB | State ME | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name AAA | Insurance Policy Number MEA015251358 | | |
| (U2) Vehicle Make 65 - SUBARU | | | Vehicle Year 2001 | (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. | | |
| Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | HAZMAT Placarded ? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" 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 | | |
| 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 12 - Front | | | (U7) Most Harmful Event 17 - Other Non-Fixed Object | | |
| (U8) Pre Crash Actions 1 - Following roadway | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 50 - No Other Events | | | (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"/> Last Known Operator | | | License Number 6905280 | <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | State ME |
| DRIVER Last Name Paulhus, Sean C | | | First Name MI | DRIVER Address 732 Middle St., Bath ME 04530 | City State Zip |
| Citation Number Pending | | | Violation 1 | | Violation 2 |
| OWNER Last Name (skip if same as Driver) Paulhus, Sean C | | | First Name MI | OWNER Address 732 Middle St., Bath ME 04530 | City State Zip |
| (D1) Driver Distracted By 6 - Unkown | | | (D2) Condition at Time of Crash 1 - Apparently Normal | | |
| (D3) Driver Actions at Time of Crash 1 14 - Followed Too Closely | | | (D3) Driver Actions at Time of Crash 2 | | |
| Alcohol Test <input checked="" 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) | | | Alcohol Test Result Pending | | |
| Drug Test <input checked="" 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 | | |

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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 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

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|-------------|--|-------------|-----------------|--------------|----------|----------------|------------------|----------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| 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 |
| 6 | Paulhus, Sean C | M | 12/23/85 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 2 | 1 |
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|--|--|-------------------------------------|--|---|----------------------------------|---|---|--|-----------------------------------|--|-----------------------|--|
| Reporting Agency ME0070100 | | Report Number C11-5475 | | Crash Date 12/25/2011 | | Crash Time 18:25 | | At Scene Date 12/25/2011 | | At Scene Time 18:35 | | |
| City or Town Camden | | | Street or Highway BELFAST ST | | | Nearest Intersecting Street Int of BELFAST ST, INV 1301006 RD | | | <input type="checkbox"/> Off Road | | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 1.03 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.239340 | | | Longitude -69.039140 | | | |
| Node 1 48725 48725 | | Node 2 30635 30635 | | Measurement Node 30635 | | Distance to Scene 0.0 0.61 Miles | | Posted Speed Limit 50 Miles per 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 7 - Went Off Road | | | | | | (F2) Type of Location 1 - Straight Road | | | | | | |
| (F3) Weather Condition 6 - Snow | | | | | | (F4) Light Condition 5 - Dark - Not Lighted | | | | | | |
| (F5) Road Grade 3 - Top of Hill | | | | | | (F6) Road Surface Condition 3 - Snow | | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | | | | | |
| (F8) Location of First Harmful Event 2 - Shoulder | | | | | | Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | |
| (F9) Contributing Circumstances - Environment 1 2 - Weather Conditions | | | | | | (F9) Contributing Circumstances - Environment 2 1 - None | | | | | | |
| (F10) Contributing Circumstances - Road 1 2 - Road Surface Condition (Wet, Icy, Snow, Slush, etc.) | | | | | | (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 | | | | | | |
| NARRATIVE Vehicle 1 was traveling North on Rt #1 (Spring Brook Hill) and slid off the road into a small group of trees, causing drivers side damage. | | | | | | CRASH DIAGRAM  | | | | | | |
| Witness Last Name Finden, Paul T | | | First T | | MI | | Address 387 High St, Belfast ME 04915 | | City Belfast ME | | State 04915 | |
| 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 Ofc Brook Hartshorn | | | Badge# 305 | | Report Date 12/26/2011 | | Approved By Sgt John Tooley | | | Approved Date 12/30/2011 | | |

Report Number
C11-5475

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|---|-----------------------------------|---|--|---|--|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 1GNDT13S722334469 | License Plate HWF6378 | State PA | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Geico | | Insurance Policy Number 4249988033 | |
| (U2) Vehicle Make 11 - CHEVROLET | | | Vehicle Year 2002 | (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 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 checked="" type="checkbox"/> Exempt Vehicle | | |
| 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 checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage | | | | | |
| (U6) Most Damaged Area 9 - Center Driver Side | | | (U7) Most Harmful Event 31 - Tree (Standing) | | |
| (U8) Pre Crash Actions 16 - Skidding | | | (U9) Contributing Circumstances - Vehicle 8 - Tires | | |
| (U10) Sequence of Events 1 8 - Went Off Roadway Right | | | (U10) Sequence of Events 2 50 - No Other Events | | |
| (U10) Sequence of Events 3 50 - No Other Events | | | (U10) Sequence of Events 4 50 - No Other Events | | |
| <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number 9712287 <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 A <input type="checkbox"/> Last Known Operator | | | | | |
| DRIVER Last Name Rogals, Ramonna E | | First Name | MI | DRIVER Address 387 High St, Belfast ME 04915 | |
| Citation Number | | Pending <input type="checkbox"/> | Violation 1 | | Violation 2 |
| OWNER Last Name (skip if same as Driver) | | First Name | MI | OWNER Address 1508 Green St Apt 1R, Philadelphia PA 19130 | |
| (D1) Driver Distracted By 1 - Not Distracted | | (D2) Condition at Time of Crash 1 - Apparently Normal | | | |
| (D3) Driver Actions at Time of Crash 1 2 - Ran Off Roadway | | (D3) Driver Actions at Time of Crash 2 1 - No Contributing Action | | | |
| Alcohol Test <input checked="" 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) | | Alcohol Test Result Pending | | Alcohol BAC Result | |
| Drug Test <input checked="" 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 | 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-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 |
|--|---|--|---|---|---|---|---|---|

| AMB CODES - see code sheet | | | | | | | | | | | | | | | |
|----------------------------|--|--|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|----------|
| 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 | Amb Code |
| 1 | Rogals, Ramonna E | | | F | 01/20/88 | 1 | 1 | | 2 | 1 | 3 | 3 | 5 | | 2 1 |
| 8 | Press, Maxwell T | | | M | 01/29/89 | 1 | 3 | | 2 | 1 | 3 | | 5 | | 2 1 |
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|--|--|----------------------------------|--|---|--|---|--|--|-----------------------------------|--|--|
| Reporting Agency ME0070100 | | Report Number C12-0118 | | Crash Date 1/12/2012 | | Crash Time 12:15 | | At Scene Date 1/12/2012 | | At Scene Time 12:30 | |
| City or Town Camden | | | Street or Highway BELFAST ST | | | Nearest Intersecting Street Int of BELFAST ST, INV 1301006 RD | | | <input type="checkbox"/> Off Road | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 0.85 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.238060 | | | Longitude -69.040970 | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 30635 | | Distance to Scene M:0s T:79s | | Posted Speed Limit Miles 50 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 3 - Head-on / Sideswipe | | | | | | (F2) Type of Location 1 - Straight Road | | | | | |
| (F3) Weather Condition 7 - Blowing Snow | | | | | | (F4) Light Condition 1 - Daylight | | | | | |
| (F5) Road Grade 2 - On Grade | | | | | | (F6) Road Surface Condition 3 - Snow | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| (F9) Contributing Circumstances - Environment 1 2 - Weather Conditions | | | | | | (F9) Contributing Circumstances - Environment 2 | | | | | |
| (F10) Contributing Circumstances - Road 1 2 - Road Surface Condition (Wet, Icy, Snow, Slush, etc.) | | | | | | (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 checked="" type="checkbox"/> No | | | | | |
| NARRATIVE While traveling north on Belfast Rd. (Rte 1) Unit 1 lost control and began to skid on the snow/slush covered road. Unit 1 skidded into the south bound lane where Unit 1 and Unit 2 struck head on. All person reported wearing seatbelts. Both Units appeared to be total losses. All parties reported no injuries. The passenger in Unit 1 was transported to Pen-Bay hospital as a precautionary measure due to the fact that she had just had eye surgery. | | | | | | 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 | | | | | | <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 Ofc Allen Weaver | | | | Badge# 306 | | Report Date 1/12/2012 | | | | Approved By Sgt John Tooley | |
| | | | | | | | | | | Approved Date 1/13/2012 | |

Report Number
C12-0118

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|--|-----------------------------------|---|--|---|--|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 2T1BA02E9VC212276 | License Plate 6883IT | State ME | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Progressive | | Insurance Policy Number 27681048-0 | |
| (U2) Vehicle Make 67 - TOYOTA | | | Vehicle Year 1997 | (U3) Vehicle Color 15 - Tan | |
| (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 | | |
| 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 12 - Front | | | (U7) Most Harmful Event 13 - Motor Vehicle in Transport | | |
| (U8) Pre Crash Actions 1 - Following roadway | | | (U9) Contributing Circumstances - Vehicle 2 - Brakes | | |
| (U10) Sequence of Events 1 21 - Motor Vehicle In Transport | | | (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"/> Last Known Operator | | | License Number 0977097 | <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | State ME |
| DRIVER Last Name Rohn, Harold J | | | First Name MI | DRIVER Address 1032 South Union Rd., Union ME 04862 | |
| Citation Number Pending <input type="checkbox"/> | | | Violation 1 | | Violation 2 |
| OWNER Last Name (skip if same as Driver) First Name Rohn, Harold J | | | MI | OWNER Address 1032 South Union Rd., Union ME 04862 | |
| (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 checked="" 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) | | | Alcohol Test Result Pending | | |
| Drug Test <input checked="" 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 | | |

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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 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

| AMB CODES - see code sheet | | | | | | | | | | | | | | | |
|----------------------------|--|--|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|----------|
| 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 | Amb Code |
| 6 | Rohn, Harold J | | | M | 05/26/21 | 1 | 1 | | 3 | 1 | 3 | | 5 | | 2 1 |
| 2 | Springer, Dorothy | | | F | 02/01/30 | 1 | 3 | | 3 | 1 | 3 | | 4 10 | 10 | 3 120 |
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Report Number
C12-0118

STATE OF MAINE CRASH REPORT

UNIT PAGE

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|--|--|---|--|---|--|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| Unit ID 2 | <input type="checkbox"/> Hit Run? | VIN 4S3BMAA68B1237130 | License Plate 7099QD | State ME | (U1) Unit Type 1 - Passenger Car | | | | | | | | | |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Peerless | | Insurance Policy Number PLPW200187 | | | | | | | | | | |
| (U2) Vehicle Make 65 - SUBARU | | | Vehicle Year 2011 | (U3) Vehicle Color 8 - Grey, Silver | | | | | | | | | | |
| (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 type="checkbox"/> Northbound <input checked="" 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 | | | | | | | | | | | | | | |
| 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 12 - Front | | | (U7) Most Harmful Event 13 - Motor Vehicle in Transport | | | | | | | | | | | |
| (U8) Pre Crash Actions 1 - Following roadway | | | (U9) Contributing Circumstances - Vehicle 1 - None | | | | | | | | | | | |
| (U10) Sequence of Events 1 21 - Motor Vehicle In Transport | | | (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"/> Last Known Operator License Number 7040217 <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 A | | | | | | | | | | | | | | |
| DRIVER Last Name Curtis, Jennifer R | | | First Name MI | DRIVER Address PO Box 853, Rockport ME 04856 | | | | | | | | | | |
| Citation Number Pending | | | Violation 1 | | Violation 2 | | | | | | | | | |
| OWNER Last Name (skip if same as Driver) Curtis, Troy R | | | First Name MI | OWNER Address PO Box 853, Rockport ME 04856 | | | | | | | | | | |
| (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 checked="" 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) | | | Alcohol Test Result Pending Alcohol BAC Result | | | | | | | | | | | |
| Drug Test <input checked="" 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 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-Child Restraint - Forward Facing 6-Shock 6-Leg(s) 6-Leg(s) EJECTED HELMET USE 7-Child Restraint - Rear Facing 7-Dizziness 7-Chest Stomach 7-Injury INFO SOURCE 1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 8-Child Restraint - Used Incorrectly 8-Abrasion/Bruises 8-Internal 1-Officer Observation 2-Ejected Partially 2-Other Helmet 9-Child Restraint - Used Incorrectly 9-Complaint of Pain 9-Entire Body 2-Individual Statement 3-Ejected Totally 3-No Helmet 10-Booster Seat 10-Other 10-Other 3-Medical, Paramedical Observation 11-Child Restraint - Other | | | | | | | | | | | | | | |
| AMB CODES - see code sheet | | | | | | | | | | | | | | |
| Person Type | Include Driver, Passengers, Bicyclist, and Pedestrians | Sex (M,F,U) | DOB | Seat Pos Row | Seat Pos Other | Air Bag Deployed | Ejected | Restraint System | Helmet Use | Injury Degree | Injury Type | Injury Area | Inj Info Source | Amb Code |
| 1 | Curtis, Jennifer R | F | 12/30/75 | 1 | 1 | 3 | 1 | 3 | | 5 | | | 2 | 1 |
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|--|--|----------------------------------|--|---|--------------------------------|---|--|--|--|--|--|
| Reporting Agency ME0070100 | | Report Number C12-1703 | | Crash Date 6/6/2012 | | Crash Time 13:12 | | At Scene Date 6/6/2012 | | At Scene Time 13:17 | |
| City or Town Camden | | | Street or Highway BELFAST ST | | | Intersection 1307128 TC CAMDEN-LINCOLNVILLE CL | | | <input type="checkbox"/> Off Road | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 0.67 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.245050 | | | Longitude -69.035890 | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 48725 | | Distance to Scene 0.0s T.53s | | Posted Speed Limit Miles 50 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 3 - Head-on / Sideswipe | | | | | | (F2) Type of Location 1 - Straight Road | | | | | |
| (F3) Weather Condition 1 - Clear | | | | | | (F4) Light Condition 1 - Daylight | | | | | |
| (F5) Road Grade 1 - Level | | | | | | (F6) Road Surface Condition 1 - Dry | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | | | | |
| (F8) Location of First Harmful Event 1 - On Roadway | | | | | | Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input 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 | | | | | |
| 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 | | | | | |
| NARRATIVE Unit#1 was south bound on Rt. 1 in the area of Salmon Run Drive. Unit#2 was north bound on Rt. 1 nearing the intersection with Salmon Run Drive. The operator of Unit#1 had some type of medical condition. Operator appears to have blacked out. Unit#1 then drifted into the north bound lane of Rt. 1. Operator of Unit#2 attempted to avoid Unit#1 by going abruptly to the right and onto the shoulder of the roadway. Unit#1 struck Unit#2 in the drivers side rear of the vehicle. The impact caused Unit#2 to roll over onto its passenger side and come to rest in the north bound lane of Rt. 1. Unit#1 continued in the opposite lane of travel and drive off the roadway and into the ditch. | | | | | | CRASH DIAGRAM | | | | | |
| Witness Last Name Stammen, Jessica | | | First J | | MI M | | Address 21 Main Street , Camden ME 04843 | | | City Camden State ME Zip 04843 | |
| Witness Last Name Prescott, Daniel | | | First D | | MI M | | Address 107 Prescott Hill Road, Northport ME 04849 | | | City Northport State ME Zip 04849 | |
| Non Vehicle Property Damage Description mailboxes were run over | | | | | | <input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input checked="" type="checkbox"/> Private | | | | | |
| Property Owner Name John Fitzpatrick | | | | | | Address 12 Salmon Run Dr, Camden ME 04843 | | | City Camden State ME Zip 04843 | | |
| 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 Ofc Curt Andrick | | | Badge# 304 | | Report Date 6/6/2012 | | Approved By Sgt John Tooley | | | Approved Date 6/11/2012 | |

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| Reporting Agency ME0070100 | | Report Number C12-1703 | | Crash Date | | Crash Time | | At Scene Date | | At Scene Time | |
| City or Town | | | Street or Highway | | | 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 type="checkbox"/> Miles | | Latitude | | Longitude | | | |
| Node 1 | | Node 2 | | Measurement Node | | Distance to Scene Miles Tenth | | Posted Speed Limit Miles Per 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 | | | | | | (F2) Type of Location | | | | | |
| (F3) Weather Condition | | | | | | (F4) Light Condition | | | | | |
| (F5) Road Grade | | | | | | (F6) Road Surface Condition | | | | | |
| (F7) Traffic Control Device | | | | | | 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 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 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 | | | | | | CRASH DIAGRAM | | | | | |
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| Witness Last Name Ilvonen, Kenneth | | First | | MI | | Address 00 Unknown, Belfast ME 04915 | | 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 | | | Badge# | | Report Date | | Approved By | | | Approved Date | |

Report Number
C12-1703

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|---------------------------------------|-----------------------------------|---|------------------------------|--|--|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 4S4BP61C997335645 | License Plate 1612 | State ME | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Progressive Casualty Insurance | | Insurance Policy Number 60251642-9 | |

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| (U2) Vehicle Make 65 - SUBARU | Vehicle Year 2009 | (U3) Vehicle Color 4 - Blue |
| (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 type="checkbox"/> Northbound <input checked="" 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 |
| 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 | | |

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| (U6) Most Damaged Area 7 - Rear Driver Side | (U7) Most Harmful Event 13 - Motor Vehicle in Transport |
| (U8) Pre Crash Actions 1 - Following roadway | (U9) Contributing Circumstances - Vehicle 1 - None |
| (U10) Sequence of Events 1 11 - Cross Centerline | (U10) Sequence of Events 2 9 - Went Off Roadway Left |
| (U10) Sequence of Events 3 | (U10) Sequence of Events 4 |

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|--|----------------------------------|---|--------------------|---------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator | License Number 7164056 | <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 A |
|--|----------------------------------|---|--------------------|---------------------------|--------------------------|--------------------------|

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|--|------------------------|---|-------------------|--------------------|---------------------|
| DRIVER Last Name Sprague, Milton H | First Name M | DRIVER Address 1494 Stillwater Ave, Bangor ME 04401 | City ME | State ME | Zip 04401 |
| Citation Number Pending | | Violation 1 | Violation 2 | | |

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|--|------------------------|--|-------------------|--------------------|---------------------|
| OWNER Last Name (skip if same as Driver) Sprague, Milton H | First Name M | OWNER Address 1494 Stillwater Ave, Bangor ME 04401 | City ME | State ME | Zip 04401 |
|--|------------------------|--|-------------------|--------------------|---------------------|

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| (D1) Driver Distracted By 1 - Not Distracted | (D2) Condition at Time of Crash 4 - Ill (Sick) |
| (D3) Driver Actions at Time of Crash 1 15 - Failed to Keep in Proper Lane | (D3) Driver Actions at Time of Crash 2 |

| | | |
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| Alcohol Test <input checked="" 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 |
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| Drug Test <input checked="" 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 |
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| (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 |

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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 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

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|-------------|--|-------------|-----------------|--------------|----------|----------------|------------------|----------|------------------|------------|---------------|-------------|-------------|-----------------|------------|
| 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 |
| 6 | Sprague, Milton H | M | 03/09/47 | 1 | 1 | | 3 | 1 | 3 | 3 | 4 | 8 | 1 | 1 | 120 |
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Report Number
C12-1703

STATE OF MAINE CRASH REPORT

UNIT PAGE

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|--|-----------------------------------|---|--|---|--|
| Unit ID 2 | <input type="checkbox"/> Hit Run? | VIN WDB9061331N432261 | License Plate DD EH 821 | State DE | (U1) Unit Type 3 - Passenger Van |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Thum Insurance Company | | Insurance Policy Number RVP1112756-00 | |
| (U2) Vehicle Make 45 - MERCEDES BENZ | | | Vehicle Year 2010 | (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. | | |
| 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 | | |
| 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 2 - Front Passenger Quarter Panel | | | (U7) Most Harmful Event 1 - Overturn / Rollover | | |
| (U8) Pre Crash Actions 1 - Following roadway | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 8 - Went Off Roadway Right | | | (U10) Sequence of Events 2 1 - Overturn / Rollover | | |
| (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 M130A0AL851 | | <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | State 00 License Class C Endorsements 0 Restrictions 0 |
| DRIVER Last Name Niproschke, Herbert | | First Name MI | DRIVER Address 19 Franklin Street, Dresden 00 01069 | | |
| Citation Number <input type="checkbox"/> Pending | | Violation 1 | | Violation 2 | |
| OWNER Last Name (skip if same as Driver) Niproschke, Herbert | | First Name MI | OWNER Address 19 Franklin Street, Dresden 00 01069 | | |
| (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 checked="" 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) | | Alcohol BAC Result <input type="checkbox"/> Alcohol Test Result Pending | | | |
| Drug Test <input checked="" 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

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| 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 | 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-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 |
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| AMB CODES - see code sheet | | | | | | | | | | | | | | | | |
|----------------------------|--|--|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|----------|
| 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 | Amb Code |
| 6 | Niproschke, Herbert | | | M | 10/21/38 | 1 | 1 | | 2 | 1 | 3 | 3 | 3 | 9 | 6 | 2 1 |
| 2 | Niproschke, Erika | | | F | 08/12/41 | 1 | 3 | | 2 | 1 | 3 | 3 | 3 | 9 | 6 | 2 1 |
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|---|--|----------------------------------|--|---|--|---|--|--|-----------------------------------|--|--|---------------------------------------|--|--|------------------------------------|--|--|----------------------------------|--|--|
| Reporting Agency ME0070100 | | Report Number C12-1902 | | Crash Date 6/22/2012 | | Crash Time 21:00 | | At Scene Date 6/23/2012 | | At Scene Time 10:20 | | | | | | | | | | |
| City or Town Camden | | | Street or Highway BELFAST ST | | | Nearest Intersecting Street Int of BELFAST ST, INV 1301006 RD | | | <input type="checkbox"/> Off Road | | | | | | | | | | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 1.10 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.239960 | | | Longitude -69.038510 | | | | | | | | | | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 30635 | | Distance to Scene 0.0s 1.54s | | Posted Speed Limit Miles 50 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 17 - Deer | | | | | | (F2) Type of Location 2 - Curved Road | | | | | | | | | | | | | | |
| (F3) Weather Condition 4 - Rain | | | | | | (F4) Light Condition 5 - Dark - Not Lighted | | | | | | | | | | | | | | |
| (F5) Road Grade 4 - Bottom of Hill | | | | | | (F6) Road Surface Condition 2 - Wet | | | | | | | | | | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | | | | | | | | | | | | | |
| (F8) Location of First Harmful Event 1 - On Roadway | | | | | | Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input 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 | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
| NARRATIVE Unit#1 was travelling North bound on Rt. 1 in at the bottom of Springbrook Hill. Operator of Unit#1 stated a deer ran out in front of the vehicle from the water side of Rt. 1. Unit#1 struck the deer causing damage to the front passenger side of the vehicle. | | | | | | 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 | | | | | | | | | <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 Det Curt Andrick | | | | Badge# 304 | | Report Date 6/23/2012 | | Approved By Sgt Patrick W Polky | | | | Approved Date 6/23/2012 | | | | | | | | |

Report Number
C12-1902

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|---------------------------------------|-----------------------------------|--|---|--------------------|--|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN JF1SG67605H741202 | License Plate 4810RZ | State ME | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Travelers Insurance | Insurance Policy Number 986442053 101 1 | | |

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|---|-----------------------------|---|
| (U2) Vehicle Make 65 - SUBARU | Vehicle Year 2005 | (U3) Vehicle Color 8 - Grey, Silver |
|---|-----------------------------|---|

| | |
|----------------------------|--|
| (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. |
|----------------------------|--|

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| 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 |
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| (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 |
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| Extent of Damage <input type="checkbox"/> No Damage Observed <input checked="" type="checkbox"/> Minor Damage <input type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage |
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| (U6) Most Damaged Area 1 - Front Passenger Corner | (U7) Most Harmful Event 39 - Unknown |
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| (U8) Pre Crash Actions 1 - Following roadway | (U9) Contributing Circumstances - Vehicle 1 - None |
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| (U10) Sequence of Events 1 20 - Animal | (U10) Sequence of Events 2 |
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| (U10) Sequence of Events 3 | (U10) Sequence of Events 4 |
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|--|----------------------------------|---|--------------------|---------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator | License Number 8539328 | <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 A |
|--|----------------------------------|---|--------------------|---------------------------|--------------------------|--------------------------|

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|---|------------|----|--|------|-------|-----|
| DRIVER Last Name Reed, Robert J | First Name | MI | DRIVER Address 131 Oak Street, Bath ME 04530 | City | State | Zip |
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| Citation Number Pending <input type="checkbox"/> | Violation 1 | Violation 2 |
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|--|----|---|------|-------|-----|
| OWNER Last Name (skip if same as Driver) First Name Reed, Elaine C | MI | OWNER Address 131 Oak Street, Bath ME 04530 | City | State | Zip |
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| (D1) Driver Distracted By 1 - Not Distracted | (D2) Condition at Time of Crash 2 - Physically Impaired or Handicapped |
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| (D3) Driver Actions at Time of Crash 1 1 - No Contributing Action | (D3) Driver Actions at Time of Crash 2 |
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| Alcohol Test <input checked="" 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 |
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| Drug Test <input checked="" 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 |
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| (D4) Non Motorist Location at Time of Crash | (D5) Non Motorist Action Prior to Crash |
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| (D6) Non Motorist Action at Time of Crash 1 | (D6) Non Motorist Action at Time of Crash 2 |
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| (D7) Pedestrian Maneuvers | (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 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

AMB CODES - see code sheet

| | | | | | | | | | | | | | | | |
|-------------|--|-------------|-----|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| 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 |
|-------------|--|-------------|-----|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|

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| 8 | Reed, Elaine C | F | 01/02/49 | 1 | 3 | | 2 | 1 | 3 | 3 | 5 | | | 1 | 1 |
|----------|-----------------------|----------|-----------------|----------|----------|--|----------|----------|----------|----------|----------|--|--|----------|----------|

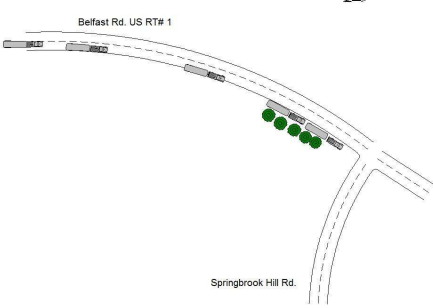
| | | | | | | | | | | | | | | | |
|----------|-----------------------|----------|-----------------|----------|----------|--|----------|----------|----------|----------|----------|--|--|----------|----------|
| 1 | Reed, Robert J | M | 09/20/48 | 1 | 1 | | 2 | 1 | 3 | 3 | 5 | | | 1 | 1 |
|----------|-----------------------|----------|-----------------|----------|----------|--|----------|----------|----------|----------|----------|--|--|----------|----------|

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|---|--|----------------------------------|--|---|--------------------------------|---|---------------------------------------|--|-----------------------------------|--|-----------|--|
| Reporting Agency ME0070100 | | Report Number C12-2548 | | Crash Date 8/3/2012 | | Crash Time 15:34 | | At Scene Date 8/3/2012 | | At Scene Time 15:44 | | |
| City or Town Camden | | | Street or Highway BELFAST ST | | | Nearest Intersecting Street Int of BELFAST ST, INV 1301006 RD | | | <input type="checkbox"/> Off Road | | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 0.92 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.238540 | | | Longitude -69.040180 | | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 30635 | | Distance to Scene M:1s T:06s | | Posted Speed Limit Miles 45 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 7 - Went Off Road | | | | | | (F2) Type of Location 2 - Curved Road | | | | | | |
| (F3) Weather Condition 1 - Clear | | | | | | (F4) Light Condition 1 - Daylight | | | | | | |
| (F5) Road Grade 2 - On Grade | | | | | | (F6) Road Surface Condition 1 - Dry | | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk | | | | | | |
| (F8) Location of First Harmful Event 1 - On Roadway | | | | | | Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input 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 | | | | | | |
| NARRATIVE Unit 1 (one) was traveling North on Rt# 1. The location of the of the accident is a location frequent for accident due to weather and high traffic volume. Unit 1 crested the hill, and started down the grade. There were two to three vehicles in front of Unit 1. One of the lead vehicles had stopped abruptly, possible to turn down Spring brook Rd. Operator of unit 1 applied the brakes in attempt to avoid colliding with the vehicles in front of him. There were several feet of skid marks prior to the unit 1 going off the road. When it became apparent, even with the best efforts of the Operator of unit 1, that the vehicle was not going to stop in time to avoid colliding with vehicles stopped in the roadway, the operator of Unit 1 turned toward the ditch on the right side of the roadway. The ditch, steep and wide, caused Unit 1 and the travel trailer it was towing to list to the right. At one point the travel trailer listed far enough to have struck some tall trees at the top of the trailer. This was in part the reason both the trailer and Unit 1 towing it did not roll over on its side. There appeared to be minimal damage to the underneath of unit 1. However the travel trailer it was towing showed substantial damage. Damage to the trailer was to the side, under carriage, and the frame / structure of the trailer itself. To get the vehicle and the trailer back on the roadway, without causing more damage,... | | | | | | 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 2006 Keystone Trailer, Vin #4YDT21R276G923512 - PA REG. XDR1192 | | | | | | <input type="checkbox"/> State <input type="checkbox"/> City or Town <input type="checkbox"/> Utilities <input checked="" type="checkbox"/> Private | | | | | | |
| Property Owner Name BRIAN M & TRACI VENNIE | | | | | | Address 127 EGYPT RD, Tafton | | City PA | | State Zip 18464 | | |
| 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 Ofc Dan Brown | | | Badge# 308 | | Report Date 8/4/2012 | | Approved By Sgt John Tooley | | | Approved Date 8/4/2012 | | |

Report Number
C12-2548

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | | | | | | | | | | | |
|---|--|---|---|---|-------------------------------------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 1FTSW21P57EA3034 | License Plate EF1694 | State PA | (U1) Unit Type 5 - Pickup | | | | | | | | | | |
| <input type="checkbox"/> No Insurance | NAIC 28188 | Insurance Company Name TRAVCO INSURANCE COMPANY | | Insurance Policy Number 9893079291011 | | | | | | | | | | | |
| (U2) Vehicle Make 18 - FORD | | | Vehicle Year 2007 | (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 | | | | | | | | | | | | |
| Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage | | | | | | | | | | | | | | | |
| (U6) Most Damaged Area 14 - Undercarriage | | | (U7) Most Harmful Event 25 - Ditch | | | | | | | | | | | | |
| (U8) Pre Crash Actions 1 - Following roadway | | | (U9) Contributing Circumstances - Vehicle 1 - None | | | | | | | | | | | | |
| (U10) Sequence of Events 1 8 - Went Off Roadway Right | | | (U10) Sequence of Events 2 50 - No Other Events | | | | | | | | | | | | |
| (U10) Sequence of Events 3 50 - No Other Events | | | (U10) Sequence of Events 4 50 - No Other Events | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator | | License Number 22009007 | <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | State PA | License Class C | | | | | | | | | | |
| DRIVER Last Name Vennie, Brian M | | First Name M | MI | DRIVER Address 127 EGYPT RD, Tafton PA 18464 | | | | | | | | | | | |
| Citation Number Pending | | Violation 1 | | Violation 2 | | | | | | | | | | | |
| OWNER Last Name (skip if same as Driver) Vennie, Brian M | | First Name M | MI | OWNER Address 127 EGYPT RD, Tafton PA 18464 | | | | | | | | | | | |
| (D1) Driver Distracted By 1 - Not Distracted | | | (D2) Condition at Time of Crash 1 - Apparently Normal | | | | | | | | | | | | |
| (D3) Driver Actions at Time of Crash 1 17 - Swerved or Avoided Due to Wind, Slippery Surface, Motor Vehicle, Object, Non-Motorist in Roadway | | | (D3) Driver Actions at Time of Crash 2 2 - Ran Off Roadway | | | | | | | | | | | | |
| Alcohol Test <input checked="" 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) | | Alcohol Test Result Pending | | Alcohol BAC Result | | | | | | | | | | | |
| Drug Test <input checked="" 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-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 | | | | | | | | | | | | | | | |
| AMB CODES - see code sheet | | | | | | | | | | | | | | | |
| 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 |
| 6 | Vennie, Brian M | M | 01/15/70 | 1 | 1 | | 2 | 1 | 3 | 3 | 5 | | | 2 | 1 |
| 2 | Vennie, Traci | F | 05/18/73 | 1 | 3 | | 2 | 1 | 3 | 3 | 5 | | | 2 | 1 |
| 2 | Vennie, Ryleigh | F | 01/26/02 | 2 | 1 | | 2 | 1 | 3 | 3 | 5 | | | 1 | 1 |
| 2 | Vennie, Bailey | M | 05/09/04 | 2 | 3 | | 2 | 1 | 10 | 3 | 5 | | | 1 | 1 |

STATE OF MAINE CRASH REPORT

Report Number

C12-2548

Narrative / Diagram Supplemental

Unit 1 (one) was traveling North on Rt# 1. The location of the of the accident is a location frequent for accident due to weather and high traffic volume. Unit 1 crested the hill, and started down the grade. There were two to three vehicles in front of Unit 1. One of the lead vehicles had stopped abruptly, possible to turn down Spring brook Rd. Operator of unit 1 applied the brakes in attempt to avoid colliding with the vehicles in front of him. There were several feet of skid marks prior to the unit 1 going off the road. When it became apparent, even with the best efforts of the Operator of unit 1, that the vehicle was not going to stop in time to avoid colliding with vehicles stopped in the roadway, the operator of Unit 1 turned toward the ditch on the right side of the roadway. The ditch, steep and wide, caused Unit 1 and the travel trailer it was towing to list to the right. At one point the travel trailer listed far enough to have struck some tall trees at the top of the trailer. This was in part the reason both the trailer and Unit 1 towing it did not roll over on its side. There appeared to be minimal damage to the underneath of unit 1. However the travel trailer its was towing showed substantial damage. Damage to the trailer was to the side, under carriage, and the frame / structure of the trailer itself. To get the vehicle and the trailer back on the roadway, without causing more damage, took a substantial amount of time, and two separate wreckers.

FIRST PAGE

Last Modified: 10/2/2012 21:48

Report Number
C12-3356

STATE OF MAINE CRASH REPORT

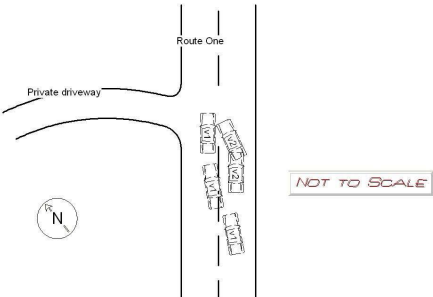
UNIT PAGE

| | | | | | |
|--|-----------------------------------|---|---|---|-------------------------------------|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 1GTEK19BX5E336369 | License Plate 549ABS | State ME | (U1) Unit Type 5 - Pickup |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Peerless Ins Co | | Insurance Policy Number PLPW835603 | |
| (U2) Vehicle Make 23 - GMC | | | Vehicle Year 2005 | (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 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 | | |
| Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage | | | Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| (U6) Most Damaged Area 12 - Front | | | (U7) Most Harmful Event 12 - Animal | | |
| (U8) Pre Crash Actions 1 - Following roadway | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 50 - No Other Events | | | (U10) Sequence of Events 2 50 - No Other Events | | |
| (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 6367170 <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | | |
| DRIVER Last Name Scott, Bradford | | | DRIVER Address PO BOX 236, Lincolnville ME 04849 | | |
| Citation Number Pending <input type="checkbox"/> | | | Violation 1 Violation 2 | | |
| OWNER Last Name (skip if same as Driver) First Name Scott, Bradford | | | OWNER Address PO BOX 236, Lincolnville ME 04849 | | |
| (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 checked="" 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) | | | Alcohol Test Result Pending Alcohol BAC Result | | |
| Drug Test <input checked="" 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

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|-------------|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| 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 |
| 6 | Scott, Bradford | M | 05/03/67 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 1 | 1 |
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|--|--|----------------------------------|--|---|--|---|--|--|------------------------------------|--|--|
| Reporting Agency ME0070100 | | Report Number C12-4063 | | Crash Date 12/8/2012 | | Crash Time 13:58 | | At Scene Date 12/8/2012 | | At Scene Time 14:01 | |
| City or Town Camden | | | Street or Highway BELFAST ST | | | Nearest Intersecting Street Int of BELFAST ST, INV 1301006 RD | | | <input type="checkbox"/> Off Road | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 1.01 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.239200 | | | Longitude -69.039290 | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 30635 | | Distance to Scene 0.0s 1.64s | | Posted Speed Limit Miles 50 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 2 - Rear End / Sideswipe | | | | | | (F2) Type of Location 6 - Driveways | | | | | |
| (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 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input 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 checked="" type="checkbox"/> Yes <input 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>On Saturday, December 08, 2012 at 13:58:00, Sgt John Tooley responded to a crash on BELFAST ST approximately 1.01 miles North of INV 1301006 RD in Camden Maine. At the time of the crash, the weather was rain and the road surface was wet.</p> <p>Vehicles...</p> <p>Vehicle #1, operated by Perry Barnard, DOB 8/12/1967 was northbound overtaking passing and followed too closely. Vehicle #1 sustained functional damage to the center driver side.</p> <p>Vehicle #1 occupant(s) are listed below: Driver: Perry Barnard DOB 8/12/1967 Injury: No Injury</p> <p>Vehicle #2, operated by Elaine Paine, DOB 2/27/1943 was northbound making left turn. Vehicle #2 sustained functional damage to the front.</p> <p>Vehicle #2 occupant(s) are listed below: Driver: Elaine Paine DOB 2/27/1943 Injury: No Injury Passenger: Susan Tennant DOB 10/25/1942 Injury: No...</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 Sgt John Tooley | | Badge# 303 | | Report Date 12/8/2012 | | Approved By Sgt John Tooley | | | Approved Date 12/13/2012 | | |

Report Number
C12-4063

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | | | | | | | | | | |
|--|--|---|--|---|---|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 1G3AJ55M3T6416801 | License Plate 6878PY | State ME | (U1) Unit Type 1 - Passenger Car | | | | | | | | | |
| <input type="checkbox"/> No Insurance | | NAIC 35882 | Insurance Company Name GEICO GENERAL INSURANCE COMPANY | | Insurance Policy Number 0519-59-72-07 | | | | | | | | | |
| (U2) Vehicle Make 51 - OLDSMOBILE | | | Vehicle Year 1996 | (U3) Vehicle Color 15 - Tan | | | | | | | | | | |
| (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 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 | | | | | | | | | | | | | | |
| Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage | | | | | | | | | | | | | | |
| (U6) Most Damaged Area 3 - Center Passenger Side | | | (U7) Most Harmful Event 13 - Motor Vehicle in Transport | | | | | | | | | | | |
| (U8) Pre Crash Actions 18 - Overtaking Passing | | | (U9) Contributing Circumstances - Vehicle 1 - None | | | | | | | | | | | |
| (U10) Sequence of Events 1 21 - Motor Vehicle In Transport | | | (U10) Sequence of Events 2 50 - No Other Events | | | | | | | | | | | |
| (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 2513184 <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 <input type="checkbox"/> Last Known Operator | | | | | | | | | | | | | | |
| DRIVER Last Name Barnard, Perry I | | | First Name MI | DRIVER Address 78 WATERVILLE ROAD, Belfast ME 04915 | | | | | | | | | | |
| Citation Number Pending | | | Violation 1 | | Violation 2 | | | | | | | | | |
| OWNER Last Name (skip if same as Driver) First Name Camerson, Sarah | | | MI | OWNER Address 78 WATERVILLE RD, Belfast ME 04915 | | | | | | | | | | |
| (D1) Driver Distracted By 6 - Unkown | | | (D2) Condition at Time of Crash 1 - Apparently Normal | | | | | | | | | | | |
| (D3) Driver Actions at Time of Crash 1 14 - Followed Too Closely | | | (D3) Driver Actions at Time of Crash 2 1 - No Contributing Action | | | | | | | | | | | |
| Alcohol Test <input checked="" 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) | | | Alcohol Test Result Pending | | | | | | | | | | | |
| Drug Test <input checked="" 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 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-Child Restraint - Forward Facing 6-Shock 6-Leg(s) 6-Leg(s) EJECTED 1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 7-Deployment - Curtain 8-Child Restraint - Rear Facing 7-Dizziness 7-Chest Stomach 7-Chest Stomach 2-Ejected Partially 2-Other Helmet 8-Child Restraint - Used Incorrectly 8-Abrasion/Bruises 8-Internal 8-Internal 3-Ejected Totally 3-No Helmet 9-Child Restraint - Used Incorrectly 9-Complaint of Pain 9-Entire Body 9-Entire Body 10-Booster Seat 10-Other 10-Other 11-Child Restraint - Other | | | | | | | | | | | | | | |
| AMB CODES - see code sheet | | | | | | | | | | | | | | |
| Person Type | Include Driver, Passengers, Bicyclist, and Pedestrians | Sex (M,F,U) | DOB | Seat Pos Row | Seat Pos Other | Air Bag Deployed | Ejected | Restraint System | Helmet Use | Injury Degree | Injury Type | Injury Area | Inj Info Source | Amb Code |
| 1 | Barnard, Perry I | M | 08/12/67 | 1 | 1 | 1 | 1 | 3 | 3 | 5 | | | 2 | 1 |
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Report Number
C12-4063

STATE OF MAINE CRASH REPORT

UNIT PAGE

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|--|-----------------------------------|---|---|---|--|
| Unit ID 2 | <input type="checkbox"/> Hit Run? | VIN WDBHA29G9XA789733 | License Plate LAYNIE | State ME | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Patron Oxford Insurance Co | | Insurance Policy Number 549266 | |
| (U2) Vehicle Make 45 - MERCEDES BENZ | | | Vehicle Year 1999 | (U3) Vehicle Color 15 - Tan | |
| (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 | | |
| Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage | | | | | |
| (U6) Most Damaged Area 12 - Front | | | (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 50 - No Other Events | | |
| (U10) Sequence of Events 3 50 - No Other Events | | | (U10) Sequence of Events 4 50 - No Other Events | | |
| <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator | | | License Number 2196008 <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | | |
| DRIVER Last Name Paine, Elaine | | | DRIVER Address 33 PEPPERRELL RD, Kittery Point ME 03905 | | |
| Citation Number Pending <input type="checkbox"/> | | | Violation 1 Violation 2 | | |
| OWNER Last Name (skip if same as Driver) First Name Paine, Nelson | | | OWNER Address 33 PEPPERRELL ROAD, Kittery Point ME 03905 | | |
| (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 checked="" 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) | | | Alcohol Test Result Pending Alcohol BAC Result | | |
| Drug Test <input checked="" 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 | | |

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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 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

| AMB CODES - see code sheet | | | | | | | | | | | | | | |
|----------------------------|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|
| 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 |
| 1 | Paine, Elaine | F | 02/27/43 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 2 |
| 2 | Tennant, Susan | F | 10/25/42 | 1 | 3 | | 1 | 1 | 3 | | 5 | | | 2 |
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STATE OF MAINE CRASH REPORT

Report Number

C12-4063

Narrative / Diagram Supplemental

On Saturday, December 08, 2012 at 13:58:00, Sgt John Tooley responded to a crash on BELFAST ST approximately 1.01 miles North of INV 1301006 RD in Camden Maine. At the time of the crash, the weather was rain and the road surface was wet.

Vehicles...

Vehicle #1, operated by Perry Barnard, DOB 8/12/1967 was northbound overtaking passing and followed too closely. Vehicle #1 sustained functional damage to the center driver side.

Vehicle #1 occupant(s) are listed below:

Driver: Perry Barnard DOB 8/12/1967 Injury: No Injury

Vehicle #2, operated by Elaine Paine, DOB 2/27/1943 was northbound making left turn. Vehicle #2 sustained functional damage to the front.

Vehicle #2 occupant(s) are listed below:

Driver: Elaine Paine DOB 2/27/1943 Injury: No Injury

Passenger: Susan Tennant DOB 10/25/1942 Injury: No Injury

On Saturday, December 08, 2012 at 13:58:00, Sgt John Tooley responded to a crash on BELFAST ST approximately 1.01 miles North of INV 1301006 RD in Camden Maine. At the time of the crash, the weather was rain and the road surface was wet.

Vehicles...

Vehicle #1, operated by Perry Barnard, DOB 8/12/1967 was northbound overtaking passing and followed too closely. Vehicle #1 sustained functional damage to the center driver side.

Vehicle #1 occupant(s) are listed below:

Driver: Perry Barnard DOB 8/12/1967 Injury: No Injury

Vehicle #2, operated by Elaine Paine, DOB 2/27/1943 was northbound making left turn. Vehicle #2 sustained functional damage to the front.

Vehicle #2 occupant(s) are listed below:

Driver: Elaine Paine DOB 2/27/1943 Injury: No Injury

Passenger: Susan Tennant DOB 10/25/1942 Injury: No Injury

V1 was travelling behind V2.

V2 slowed to make a left handed turn. V1 could not stop in time, and did not see V2's blinker on until the last moment.

V1 passed V2 as V2 was turning left, and the two vehicles struck one another.

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| Reporting Agency ME0070100 | | Report Number C13-0338 | | Crash Date 2/8/2013 | | Crash Time 10:15 | | At Scene Date 2/8/2013 | | At Scene Time 10:30 | | | | | | | | | | | | | | | | | | | |
| City or Town Camden | | | Street or Highway BELFAST ST | | | Intersection 1307128th CL | | | <input type="checkbox"/> Off Road CL | | | | | | | | | | | | | | | | | | | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 0.11 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.250350 | | | Longitude -69.032650 | | | | | | | | | | | | | | | | | | | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 48725 | | Distance to Scene 0.0s T.33s | | Posted Speed Limit Miles 50 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 7 - Went Off Road | | | | | | (F2) Type of Location 6 - Driveways | | | | | | | | | | | | | | | | | | | | | | | |
| (F3) Weather Condition 6 - Snow | | | | | | (F4) Light Condition 1 - Daylight | | | | | | | | | | | | | | | | | | | | | | | |
| (F5) Road Grade 1 - Level | | | | | | (F6) Road Surface Condition 3 - Snow | | | | | | | | | | | | | | | | | | | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk | | | | | | | | | | | | | | | | | | | | | | | |
| (F8) Location of First Harmful Event 2 - Shoulder | | | | | | Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | | | | | | | | | | | |
| (F9) Contributing Circumstances - Environment 1 2 - Weather Conditions | | | | | | (F9) Contributing Circumstances - Environment 2 1 - None | | | | | | | | | | | | | | | | | | | | | | | |
| (F10) Contributing Circumstances - Road 1 2 - Road Surface Condition (Wet, Icy, Snow, Slush, etc.) | | | | | | (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 | | | | | | | | | | | | | | | | | | | | | | | |
| NARRATIVE Unit#1 operator was heading Rt. 1 South slowing in traffic in the area of 560 Belfast Road. Unit#1 operator was slowing and attempting to make a right hand turn into the driveway at 560 Belfast Road. Operator lost control of the vehicle due to the snow covered roads. Unit#1 struck the mailbox causing damage to the front passenger side of the vehicle. | | | | | | 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 | | | | | | | | | | | | <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 Det Curt Andrick | | | | Badge# 304 | | Report Date 2/13/2013 | | | | Approved By Sgt John Tooley | | | | Approved Date 2/14/2013 | | | | | | | | | | | | | | | |

Report Number
C13-0338

STATE OF MAINE CRASH REPORT

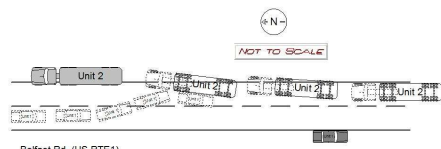
UNIT PAGE

| | | | | | |
|---|-----------------------------------|---|--|---|--|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 2G2WR554471146042 | License Plate 753AJA | State ME | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name MMG Insurance Company | | Insurance Policy Number AUTO 564789 | |
| (U2) Vehicle Make 58 - PONTIAC | | | Vehicle Year 2007 | (U3) Vehicle Color 8 - Grey, Silver | |
| (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 type="checkbox"/> Northbound <input checked="" 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 | | | | | |
| Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage | | | | | |
| (U6) Most Damaged Area 1 - Front Passenger Corner | | | (U7) Most Harmful Event 36 - Mailbox | | |
| (U8) Pre Crash Actions 5 - Making right turn | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 45 - Mailbox | | | (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 6883102 <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 <input type="checkbox"/> Last Known Operator | | | | | |
| DRIVER Last Name Boyce, Jean M | | | First Name MI | DRIVER Address 560 Belfast Road, Camden ME 04843 | |
| Citation Number Pending | | | Violation 1 | | Violation 2 |
| OWNER Last Name (skip if same as Driver) Boyce, Jean M | | | First Name MI | OWNER Address 560 Belfast Road, Camden ME 04843 | |
| (D1) Driver Distracted By 1 - Not Distracted | | | (D2) Condition at Time of Crash 1 - Apparently Normal | | |
| (D3) Driver Actions at Time of Crash 1 9 - Drove Too Fast For Conditions | | | (D3) Driver Actions at Time of Crash 2 9 - Drove Too Fast For Conditions | | |
| Alcohol Test <input checked="" 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) | | | Alcohol Test Result Pending | | |
| Drug Test <input checked="" 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 | | |

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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 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 | 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-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 |
| AMB CODES - see code sheet | | | | | | | |

| 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 |
|-------------|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| 6 | Boyce, Jean M | F | 04/16/48 | 1 | 1 | | 1 | 1 | 3 | 3 | 5 | | | 1 | 1 |
| | | | | | | | | | | | | | | | |
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|---|--|----------------------------------|--|---|--|---|--|---|--|--|--|
| Reporting Agency ME0070100 | | Report Number C13-1509 | | Crash Date 6/7/2013 | | Crash Time 11:40 | | At Scene Date 6/7/2013 | | At Scene Time 11:50 | |
| City or Town Camden | | | | Street or Highway BELFAST ST | | | | 1307128 TL CAMDEN-LINCOLNVILLE CL <input type="checkbox"/> Off Road | | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 0.55 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.246240 | | Longitude -69.035390 | | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 48725 | | Distance to Scene 0.55 Miles | | Posted Speed Limit 50 Miles per 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 3 - Head-on / Sideswipe | | | | | | (F2) Type of Location 1 - Straight Road | | | | | |
| (F3) Weather Condition 2 - Cloudy | | | | | | (F4) Light Condition 1 - Daylight | | | | | |
| (F5) Road Grade 1 - Level | | | | | | (F6) Road Surface Condition 1 - Dry | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input 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 checked="" type="checkbox"/> Yes <input 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 | | | | | |
| 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 | | | | | |
| NARRATIVE On Friday, June 07, 2013 at 11:40:00, Ofc Allen Weaver responded to a crash on BELFAST ST approximately 0.55 miles South of 1307128 TL CAMDEN-LINCOLNVILLE CL in Camden Maine. At the time of the crash, the weather was cloudy and the road surface was dry. Vehicles... Vehicle #1, operated by George Brown, DOB 2/10/1925 was southbound wrong way into opposing traffic and failed to keep in proper lane. Vehicle #1 was towed due to disabling damage to the front driver corner. Vehicle #1 occupant(s) are listed below: Driver: George Brown DOB 2/10/1925 Injury: No Injury Passenger: Constance Brown DOB 10/2/1922 Injury: No Injury Vehicle #2, operated by Daniel Williams, DOB 10/5/1972 was northbound following roadway. Vehicle #2 sustained functional damage to the center driver... | | | | | | CRASH DIAGRAM  | | | | | |
| Witness Last Name Kinney, Allen | | First Allen | | MI | | Address PO Box 535, Searsport ME 04974 | | City Searsport | | State ME | |
| Witness Last Name Gleason, Pamela | | First Pamela | | MI | | Address 16 Central Street, Camden ME 04843 | | City Camden | | State ME | |
| 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 Ofc Allen Weaver | | | | Badge# 306 | | Report Date 6/7/2013 | | Approved By Sgt John Tooley | | Approved Date 6/16/2013 | |

Report Number
C13-1509

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | | | | | | | | | | |
|--|--|---|---|---|---|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 1G3AJ85M9T6406260 | License Plate GALB | State ME | (U1) Unit Type 1 - Passenger Car | | | | | | | | | |
| <input type="checkbox"/> No Insurance | | NAIC | Insurance Company Name Travelers Home And Marine | | Insurance Policy Number 9758834401012 | | | | | | | | | |
| (U2) Vehicle Make 51 - OLDSMOBILE | | | Vehicle Year 1996 | (U3) Vehicle Color 4 - Blue | | | | | | | | | | |
| (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 type="checkbox"/> Northbound <input checked="" 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 | | | | | | | | | | | |
| 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 13 - Motor Vehicle in Transport | | | | | | | | | | | |
| (U8) Pre Crash Actions 2 - Wrong way into opposing traffic | | | (U9) Contributing Circumstances - Vehicle 1 - None | | | | | | | | | | | |
| (U10) Sequence of Events 1 11 - Cross Centerline | | | (U10) Sequence of Events 2 21 - Motor Vehicle In Transport | | | | | | | | | | | |
| (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 4803108 | <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | State ME | License Class C | | | | | | | | | |
| DRIVER Last Name Brown, George A | | First Name MI | DRIVER Address 21 Eaton Ave, Camden ME 04843 | | | | | | | | | | | |
| Citation Number Pending | | Violation 1 | | Violation 2 | | | | | | | | | | |
| OWNER Last Name (skip if same as Driver) Brown, George A | | First Name MI | OWNER Address 21 Eaton Ave, Camden ME 04843 | | | | | | | | | | | |
| (D1) Driver Distracted By 6 - Unkown | | (D2) Condition at Time of Crash 1 - Apparently Normal | | | | | | | | | | | | |
| (D3) Driver Actions at Time of Crash 1 15 - Failed to Keep in Proper Lane | | (D3) Driver Actions at Time of Crash 2 | | | | | | | | | | | | |
| Alcohol Test <input checked="" 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) | | Alcohol Test Result Pending Alcohol BAC Result | | | | | | | | | | | | |
| Drug Test <input checked="" 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 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-Child Restraint - Forward Facing 6-Shock 6-Leg(s) 6-Leg(s) | | | | | | | | | | | | | | |
| EJECTED HELMET USE 7-Deployment - Curtain 7-Child Restraint - Rear Facing 7-Dizziness 7-Chest Stomach 7-Injury INFO SOURCE | | | | | | | | | | | | | | |
| 1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 8-Child Restraint - Used Incorrectly 8-Abrasion/Bruises 8-Internal 1-Officer Observation | | | | | | | | | | | | | | |
| 2-Ejected Partially 2-Other Helmet 9-Child Restraint - Used Incorrectly 9-Complaint of Pain 9-Entire Body 2-Individual Statement | | | | | | | | | | | | | | |
| 3-Ejected Totally 3-No Helmet 10-Booster Seat 10-Other 10-Other 3-Medical, Paramedical Observation | | | | | | | | | | | | | | |
| AMB CODES - see code sheet | | | | | | | | | | | | | | |
| Person Type | Include Driver, Passengers, Bicyclist, and Pedestrians | Sex (M,F,U) | DOB | Seat Pos Row | Seat Pos Other | Air Bag Deployed | Ejected | Restraint System | Helmet Use | Injury Degree | Injury Type | Injury Area | Inj Info Source | Amb Code |
| 6 | Brown, George A | M | 02/10/25 | 1 | 1 | 2 | 1 | 3 | | 5 | | | 2 | 1 |
| 2 | Brown, Constance | F | 10/02/22 | 1 | 3 | 2 | 1 | 3 | | 5 | | | 2 | 1 |
| | | | | | | | | | | | | | | |
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Report Number
C13-1509


































STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | | | | | | | | | | | | | |
|---|--|---|--|--|--|---|--|--|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| Unit ID 2 | <input type="checkbox"/> Hit Run? | VIN 1FUJF0CV55LV09932 | License Plate 2GG983 | State OK | 17 - Medium/Heavy Trucks (More than 10,000 lbs) | | | | | | | | | | | | |
| <input type="checkbox"/> No Insurance | | NAIC | Insurance Company Name Zurich American Insurance | | | | Insurance Policy Number BAP926540103 | | | | | | | | | | |
| (U2) Vehicle Make 19 - FREIGHTLINER | | | | Vehicle Year 2005 | | (U3) Vehicle Color 14 - White | | | | | | | | | | | |
| (U4) Vehicle Configuration 11 - Tractor/Semi-Trailer (one trailer - 5 axles) | | | | GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input checked="" 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 | | | | | | | | | | | |
| Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage | | | | | | | | | | | | | | | | | |
| (U6) Most Damaged Area 9 - Center Driver Side | | | | (U7) Most Harmful Event 13 - Motor Vehicle in Transport | | | | | | | | | | | | | |
| (U8) Pre Crash Actions 1 - Following roadway | | | | (U9) Contributing Circumstances - Vehicle 1 - None | | | | | | | | | | | | | |
| (U10) Sequence of Events 1 21 - Motor Vehicle In Transport | | | | (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 8626199 <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended State ME License Class A Endorsements I,N,T Restrictions A <input type="checkbox"/> Last Known Operator | | | | | | | | | | | | | | | | | |
| DRIVER Last Name Williams, Daniel R | | | | First Name | | MI | | DRIVER Address 15 Franklin Street, Waterville ME 04901 | | | | 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 2401 SW 10th, Oklahoma City OK 73108 | | | | City | State | Zip | | | | | |
| (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 checked="" 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 checked="" 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 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 5-Lap Belt Only Used 5-Concussion 5-Arm(s) 5-No Injury 6-Unknown 6-Unknown 6-Deployed - Other (knee, air belt,...) 6-Deployment - Forward Facing 6-Shock 6-Leg(s) 6-Leg(s) EJECTED HELMET USE 7-Child Restraint - Rear Facing 7-Dizziness 7-Chest Stomach INJURY INFO SOURCE 1-Not Ejected 1-DOT-Compliant Motorcycle Helmet 8-Child Restraint - Used Incorrectly 8-Abrasion/Bruises 8-Internal 1-Officer Observation 2-Ejected Partially 2-Other Helmet 9-Child Restraint - Used Incorrectly 9-Complaint of Pain 9-Entire Body 2-Individual Statement 3-Ejected Totally 3-No Helmet 10-Booster Seat 10-Other 10-Other 3-Medical, Paramedical Observation 7-Deployment - Curtain 11-Child Restraint - Other | | | | | | | | | | | | | | | | | |
| AMB CODES - see code sheet | | | | | | | | | | | | | | | | | |
| 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 | Williams, Daniel R | | | M | 10/05/72 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 2 | 1 |
| | | | | | | | | | | | | | | | | | |
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STATE OF MAINE CRASH REPORT

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|--|-------------------------------|---|--|--|
| Report Number C13-1509 | | Commercial Vehicle Supplemental | | No Carrier Identification Numbers <input type="checkbox"/> |
| Unit ID 2 | USDOT Number 470177 | MC/MX Number | State Number | MCSAP Number |
| <input checked="" type="checkbox"/> Interstate Carrier | | <input type="checkbox"/> Intrastate Carrier | <input type="checkbox"/> Not in Commerce-Government | <input type="checkbox"/> Not in Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR) |
| Carrier Name GUARDIAN BUILDING PRODUCTS DISTRIBUTION INC | | | Carrier Phone (864) 281-3546 | |
| Address 979 BATESVILLE ROAD, GREER SC 29651-6819 | | City | State | Zip |
| <input type="checkbox"/> Oversize Permit Weight | | <input type="checkbox"/> Oversize Permit Length | <input type="checkbox"/> Oversize Permit Height | <input type="checkbox"/> Oversize Permit Width |
| 98 Cargo Body Type (enter one code from below) | | <input type="checkbox"/> Unloaded | <input checked="" type="checkbox"/> Partially Loaded | <input type="checkbox"/> Loaded |

| | | |
|--|--|---|
| 1 Bus (9-15 Seats, Including Driver)   | 6 Dump   | 11 Pole  |
| 2 Bus (16 or More Seats, Including Driver)    | 7 Concrete Mixer   | 12 Log   |
| 3 Van/Enclosed Box    | 8 Auto Transporter   | 13 Intermodal Chassis   |
| 4 Cargo Tank   | 9 Garbage/Refuse   | 14 Vehicle Towing Motor Vehicle   |
| 5 Flat Bed    | 10 Grain, Chips, Gravel    | 15 No Cargo Body   |

98 Other Cargo Body (not listed above)

| |
|--|
| A Commodity Code (enter one code from below) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> A General Freight B Household Goods C Metal: Sheets, Coils, Rolls D Motor Vehicles E DriveAway / TowAway F Forest Products G Building Products H Mobile Homes I Machinery, Large Objects </div> <div style="width: 30%;"> J Fresh Produce K Liquids / Gases in Cargo Tank L Intermodal M Passengers N Oil Field Equipment O Livestock P Grain, Feed, Hay Q Coal / Coke R Meat </div> <div style="width: 30%;"> S Garbage, Refuse, Trash T U.S. Mail U Chemicals V Commodities, Dry Bulk W Refrigerated Foods X Beverage Y Paper Products Z Other </div> </div> |
|--|

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|---|
| 0 Bus Use (enter one code from below) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> 0 Not a Bus 1 School (Public or Private) </div> <div style="width: 30%;"> 2 Transit 3 Intercity </div> <div style="width: 30%;"> 4 Charter 5 Other </div> </div> |
|---|

HAZMAT Class Number (enter one code from below)

1 Explosives
 2 Gases - Compressed, Dissolved or Refrigerated
 3 Flammable Liquids
 4 Flammable Solids-Combustible, Water Reactive
 5 Oxidizing Substances-Organic Peroxides

6 Poisonous (Toxic) and Infectious Substances
 7 Radioactive Material
 8 Corrosives
 9 Miscellaneous Dangerous Goods, or Blank

HAZMAT 4 Digit Number

Was HAZMAT released from THIS vehicle's cargo? ☐ YES ☒ NO ☐ UNK

STATE OF MAINE CRASH REPORT

Report Number

C13-1509

Narrative / Diagram Supplemental

On Friday, June 07, 2013 at 11:40:00, Ofc Allen Weaver responded to a crash on BELFAST ST approximately 0.55 miles South of 1307128 TL CAMDEN-LINCOLNVILLE CL in Camden Maine. At the time of the crash, the weather was cloudy and the road surface was dry.

Vehicles...

Vehicle #1, operated by George Brown, DOB 2/10/1925 was southbound wrong way into opposing traffic and failed to keep in proper lane. Vehicle #1 was towed due to disabling damage to the front driver corner.

Vehicle #1 occupant(s) are listed below:

Driver: George Brown DOB 2/10/1925 Injury: No Injury

Passenger: Constance Brown DOB 10/2/1922 Injury: No Injury

Vehicle #2, operated by Daniel Williams, DOB 10/5/1972 was northbound following roadway. Vehicle #2 sustained functional damage to the center driver side.

Vehicle #2 occupant(s) are listed below:

Driver: Daniel Williams DOB 10/5/1972 Injury: No Injury

Crash witnesses are listed below:

Allen Kinney, PO Box 535, Searsport ME 04974

Pamela Gleason, 16 Central Street, Camden ME 04843

While traveling south on US RTE 1, Unit 1 veered into the northbound lane. Unit 2 was traveling north and had to take evasive maneuvers to avoid hitting Unit 1 head on. Unit 1 struck Unit 2 in the rear driver side tires and trailer.

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|---|--|----------------------------------|--|---|--|---|--|--|-----------------------------------|--|--|---------------------------------------|--|-----------------------------------|------------------------------------|--|--|----------------------------------|--|--|
| Reporting Agency ME0070100 | | Report Number C13-2428 | | Crash Date 8/11/2013 | | Crash Time 14:00 | | At Scene Date 8/11/2013 | | At Scene Time 14:10 | | | | | | | | | | |
| City or Town Camden | | | Street or Highway BELFAST ST | | | Nearest Intersecting Street Int of BELFAST ST, INV 1301006 RD | | | <input type="checkbox"/> Off Road | | | | | | | | | | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 0.51 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.235720 | | | Longitude -69.044460 | | | | | | | | | | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 30635 | | Distance to Scene M:1s T:13s | | Posted Speed Limit Miles 35 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 2 - Rear End / Sideswipe | | | | | | (F2) Type of Location 6 - Driveways | | | | | | | | | | | | | | |
| (F3) Weather Condition 1 - Clear | | | | | | (F4) Light Condition 1 - Daylight | | | | | | | | | | | | | | |
| (F5) Road Grade 1 - Level | | | | | | (F6) Road Surface Condition 1 - Dry | | | | | | | | | | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input 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 checked="" type="checkbox"/> Yes <input 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 | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
| NARRATIVE Vehicle #1 was traveling north bound on Rt #1 and slowed to take a left at Laite's Construction. Vehicle #2 was traveling behind vehicle #1, not paying attention and hit vehicle #1 in the rear causing damage to both vehicles. | | | | | | 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 | | | | | | | | | <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 Ofc Brook Hartshorn | | | | Badge# 305 | | Report Date 8/12/2013 | | | | Approved By Sgt John Tooley | | | | Approved Date 8/12/2013 | | | | | | |

Report Number
C13-2428

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|---------------------------------------|-----------------------------------|--|---------------------------------|--------------------|--|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 4T1BK46K27U520928 | License Plate BRS0167 | State GA | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC 25178 | STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY | | | Insurance Policy Number 4966082E1211 |

| | | |
|---|-----------------------------|---|
| (U2) Vehicle Make 67 - TOYOTA | Vehicle Year 2007 | (U3) Vehicle Color 8 - Grey, Silver |
|---|-----------------------------|---|

| | |
|----------------------------|--|
| (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 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 checked="" type="checkbox"/> Exempt Vehicle | Emergency Vehicle Responding to Scene ? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|

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|--|
| Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage |
|--|

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|---|---|
| (U6) Most Damaged Area 6 - Rear | (U7) Most Harmful Event 8 - Other Non-Collision |
|---|---|

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| (U8) Pre Crash Actions 6 - Making left turn | (U9) Contributing Circumstances - Vehicle 1 - None |
|---|--|

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| (U10) Sequence of Events 1 50 - No Other Events | (U10) Sequence of Events 2 |
|---|----------------------------|

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| (U10) Sequence of Events 3 | (U10) Sequence of Events 4 |
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|--|---|---|--------------------|---------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator | License Number M017341201960426145000LS | <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | State NY | License Class C | Endorsements 0 | Restrictions 0 |
|--|---|---|--------------------|---------------------------|--------------------------|--------------------------|

| | | | | | |
|--|-------------------------|--|-------------------|--------------------|---------------------|
| DRIVER Last Name Matteo, Richard F | First Name MI | DRIVER Address 22 Crown Pt, Ballston Lake NY 12019 | City NY | State NY | Zip 12019 |
|--|-------------------------|--|-------------------|--------------------|---------------------|

| | | |
|--|-------------|-------------|
| Citation Number <input type="checkbox"/> Pending <input type="checkbox"/> | Violation 1 | Violation 2 |
|--|-------------|-------------|

| | | | | | |
|---|-----------------|---|-------------------|--------------------|---------------------|
| OWNER Last Name (skip if same as Driver) First Name Matteo, Richard F | MI MI | OWNER Address 22 Crown Pt, Ballston Lake NY 12019 | City NY | State NY | Zip 12019 |
|---|-----------------|---|-------------------|--------------------|---------------------|

| | |
|--|---|
| (D1) Driver Distracted By 1 - Not Distracted | (D2) Condition at Time of Crash 1 - Apparently Normal |
|--|---|

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|---|--|
| (D3) Driver Actions at Time of Crash 1 1 - No Contributing Action | (D3) Driver Actions at Time of Crash 2 |
|---|--|

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|--|--|--------------------|
| Alcohol Test <input checked="" 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 checked="" 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 |
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| (D4) Non Motorist Location at Time of Crash | (D5) Non Motorist Action Prior to Crash |
|---|---|

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| (D6) Non Motorist Action at Time of Crash 1 | (D6) Non Motorist Action at Time of Crash 2 |
|---|---|

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|---------------------------|--------------------------|
| (D7) Pedestrian Maneuvers | (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 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-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 |

| | | | | | | | | | | | | | | | |
|----------------------------|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| AMB CODES - see code sheet | | | | | | | | | | | | | | | |
| 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 |
| 6 | Matteo, Richard F | M | 06/24/45 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 2 | 1 |
| 2 | Matteo, Karen H | F | 05/17/45 | 1 | 3 | | 2 | 1 | 3 | | 5 | | | 2 | 1 |
| | | | | | | | | | | | | | | | |
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Report Number
C13-2428

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|---------------------------------------|-----------------------------------|--|---|--------------------|--|
| Unit ID 2 | <input type="checkbox"/> Hit Run? | VIN JTDKB20U977676580 | License Plate 2DKY02 | State MD | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name United Servicer Auto ASSN | Insurance Policy Number 000719096U71030 | | |

| | | |
|---|-----------------------------|---------------------------------------|
| (U2) Vehicle Make 67 - TOYOTA | Vehicle Year 2007 | (U3) Vehicle Color 4 - Blue |
|---|-----------------------------|---------------------------------------|

| | |
|----------------------------|--|
| (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 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 checked="" type="checkbox"/> Exempt Vehicle | 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 |
|--|

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|---|---|
| (U6) Most Damaged Area 12 - Front | (U7) Most Harmful Event 8 - Other Non-Collision |
|---|---|

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|--|--|
| (U8) Pre Crash Actions 1 - Following roadway | (U9) Contributing Circumstances - Vehicle 1 - None |
|--|--|

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| (U10) Sequence of Events 1 50 - No Other Events | (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"/> Last Known Operator | License Number F420522676539 | <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | State MD | License Class C | Endorsements 0 | Restrictions 0 |
|--|--|---|--------------------|---------------------------|--------------------------|--------------------------|

| | | | | | |
|---|-------------------------|---|-------------------|--------------------|---------------------|
| DRIVER Last Name Floge, Liliane P | First Name MI | DRIVER Address 7100 Panorama Dr, Derwood MD 20855 | City MD | State MD | Zip 20855 |
|---|-------------------------|---|-------------------|--------------------|---------------------|

| | | |
|--|-------------|-------------|
| Citation Number <input type="checkbox"/> Pending <input type="checkbox"/> | Violation 1 | Violation 2 |
|--|-------------|-------------|

| | | | | | |
|--|----|--|-------------------|--------------------|---------------------|
| OWNER Last Name (skip if same as Driver) First Name Floge, Liliane P | MI | OWNER Address 7100 Panorama Dr, Derwood MD 20855 | City MD | State MD | Zip 20855 |
|--|----|--|-------------------|--------------------|---------------------|

| | |
|--|---|
| (D1) Driver Distracted By 6 - Unknow | (D2) Condition at Time of Crash 1 - Apparently Normal |
|--|---|

| | |
|--|--|
| (D3) Driver Actions at Time of Crash 1 14 - Followed Too Closely | (D3) Driver Actions at Time of Crash 2 |
|--|--|

| | | |
|--|--|--------------------|
| Alcohol Test <input checked="" 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 checked="" 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 |
|---|--|

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|---|---|
| (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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

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 |
|-------------|---|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| 6 | Floge, Liliane P | F | 07/07/46 | 1 | 1 | | 2 | 1 | 3 | | 3 | 9 | 5 | 2 | 488 |
| 2 | Crawford, Pascal | F | 08/20/99 | 1 | 3 | | 2 | 1 | 3 | | 5 | | | 2 | 1 |
| | | | | | | | | | | | | | | | |
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|---|--|----------------------------------|--|---|---------------------------------|---|---|--|-----------------------------------|--|-----------|--|
| Reporting Agency ME0070100 | | Report Number C13-2771 | | Crash Date 8/30/2013 | | Crash Time 16:41 | | At Scene Date 8/30/2013 | | At Scene Time 16:55 | | |
| City or Town Camden | | | Street or Highway BELFAST RD | | | Location 1307128 TL CAMDEN-LINCOLNVILLE CL | | | <input type="checkbox"/> Off Road | | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 0.50 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.246740 | | | Longitude -69.035150 | | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 48725 | | Distance to Scene 0.50 Miles | | Posted Speed Limit 50 Miles per 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 2 - Rear End / Sideswipe | | | | | | (F2) Type of Location 1 - Straight Road | | | | | | |
| (F3) Weather Condition 1 - Clear | | | | | | (F4) Light Condition 1 - Daylight | | | | | | |
| (F5) Road Grade 2 - On Grade | | | | | | (F6) Road Surface Condition 1 - Dry | | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input 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 checked="" type="checkbox"/> Yes <input 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 | | | | | | |
| 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 | | | | | | |
| NARRATIVE On Friday, August 30, 2013 at 16:41:00, Sgt Patrick W Polky responded to a crash on BELFAST RD approximately 0.5 miles South of 1307128 TL CAMDEN-LINCOLNVILLE CL in Camden Maine. At the time of the crash, the weather was clear and the road surface was dry. Vehicles... Vehicle #1, operated by Angela Reed, DOB 2/7/1978 was northbound slowing in traffic. Vehicle #1 was towed due to disabling damage to the rear. Vehicle #1 occupant(s) are listed below: Driver: Angela Reed DOB 2/7/1978 Injury: Possible Injury Passenger: Marcus Makinen DOB 1/4/1993 Injury: No Injury Passenger: Alyssa Pease DOB 2/1/1998 Injury: No Injury Passenger: Christian Reed DOB 6/10/1998 Injury: Possible Injury Vehicle #2, operated by Nicole Hotchkin, DOB 10/3/1977 was... | | | | | | 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 | | | | | | <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 Sgt Patrick W Polky | | | Badge# 302 | | Report Date 8/30/2013 | | Approved By Sgt Patrick W Polky | | | Approved Date 8/30/2013 | | |

Report Number
C13-2771

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|--|-----------------------------------|---|---|---|--|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 2FMZA51664BA88394 | License Plate 2868TP | State ME | (U1) Unit Type 3 - Passenger Van |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name State Farm | | Insurance Policy Number 0380227D0819M | |
| (U2) Vehicle Make 18 - FORD | | | Vehicle Year 2004 | (U3) Vehicle Color 14 - White | |
| (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 | | |
| 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 6 - Rear | | | (U7) Most Harmful Event 13 - Motor Vehicle in Transport | | |
| (U8) Pre Crash Actions 10 - Slowing in traffic | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 21 - Motor Vehicle In Transport | | | (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"/> Last Known Operator | | | License Number 9453229 <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | | |
| DRIVER Last Name Reed, Angela L | | | DRIVER Address 31 UNION ST., APT. 23, Camden ME 04860 | | |
| Citation Number Pending <input type="checkbox"/> | | | Violation 1 Violation 2 | | |
| OWNER Last Name (skip if same as Driver) First Name Reed, Angela L | | | OWNER Address 31 UNION ST., APT. 23, Camden ME 04860 | | |
| (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 checked="" 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) | | | Alcohol Test Result Pending Alcohol BAC Result | | |
| Drug Test <input checked="" 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 | | |

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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 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

| AMB CODES - see code sheet | | | | | | | | | | | | | | | | |
|----------------------------|--|--|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|----------|
| 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 | Amb Code |
| 6 | Reed, Angela L | | | F | 02/07/78 | 1 | 1 | | 2 | 1 | 3 | | 4 | 9 | 2 | 1 |
| 2 | Makinen, Marcus | | | M | 01/04/93 | 1 | 3 | | 2 | 1 | 3 | | 5 | | 2 | 1 |
| 2 | Pease, Alyssa | | | F | 02/01/98 | 2 | 1 | | 2 | 1 | 3 | | 5 | | 2 | 1 |
| 2 | Reed, Christian | | | M | 06/10/98 | 2 | 3 | | 2 | 1 | 3 | | 4 | 9 | 3 | 1 |
| | | | | | | | | | | | | | | | | |

Report Number
C13-2771

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|---------------------------------------|-----------------------------------|--|--------------------------------|--|--|
| Unit ID 2 | <input type="checkbox"/> Hit Run? | VIN 3VWPP7AJ6CM605004 | License Plate 8647PJ | State ME | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Sentinel Ins. Co. | | Insurance Policy Number 72PH791208251562 | |

| | | |
|---|-----------------------------|--|
| (U2) Vehicle Make 69 - VOLKSWAGEN | Vehicle Year 2012 | (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. |
|----------------------------|--|

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|---|---|--|
| Vehicle Has 9 or More Seats ? <input type="checkbox"/> Yes <input 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 |
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| (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 |
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| 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 |
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| (U6) Most Damaged Area 12 - Front | (U7) Most Harmful Event 13 - Motor Vehicle in Transport |
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| (U8) Pre Crash Actions 10 - Slowing in traffic | (U9) Contributing Circumstances - Vehicle 1 - None |
|--|--|

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| (U10) Sequence of Events 1 21 - Motor Vehicle In Transport | (U10) Sequence of Events 2 |
|--|----------------------------|

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| (U10) Sequence of Events 3 | (U10) Sequence of Events 4 |
|----------------------------|----------------------------|

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|---|--------------------|---------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> License Number 2225312 <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 |
|---|--------------------|---------------------------|--------------------------|--------------------------|

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|---|-------------------------|--|-------------------|--------------------|---------------------|
| DRIVER Last Name Hotchkin, Nicole L | First Name MI | DRIVER Address 36 SPRINGBROOK DR., Lincolnville ME 04849 | City ME | State ME | Zip 04849 |
|---|-------------------------|--|-------------------|--------------------|---------------------|

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|--|-------------|-------------|
| Citation Number <input type="checkbox"/> Pending <input type="checkbox"/> | Violation 1 | Violation 2 |
|--|-------------|-------------|

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|--|-----------------|---|-------------------|--------------------|---------------------|
| OWNER Last Name (skip if same as Driver) First Name Hotchkin, Nicole L | MI MI | OWNER Address 36 SPRINGBROOK DR., Lincolnville ME 04849 | City ME | State ME | Zip 04849 |
|--|-----------------|---|-------------------|--------------------|---------------------|

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|---|---|
| (D1) Driver Distraction 4 - Other Inside the Vehicle (Eating, Reading, Grooming, Smoking, Passengers, etc.) | (D2) Condition at Time of Crash 1 - Apparently Normal |
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| (D3) Driver Actions at Time of Crash 1 1 - No Contributing Action | (D3) Driver Actions at Time of Crash 2 |
|---|--|

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| Alcohol Test <input type="checkbox"/> Breath <input checked="" type="checkbox"/> Test Not Given <input type="checkbox"/> Test Refused <input type="checkbox"/> Blood <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 |
|---|--|--------------------|

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|---|--|
| Drug Test <input type="checkbox"/> Urine <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 |
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| (D4) Non Motorist Location at Time of Crash | (D5) Non Motorist Action Prior to Crash |
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| (D6) Non Motorist Action at Time of Crash 1 | (D6) Non Motorist Action at Time of Crash 2 |
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| (D7) Pedestrian Maneuvers | (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 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 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 |
| 6 Hotchkin, Nicole L | F | 10/03/77 | 1 | 1 | | 3 | 1 | 3 | | 4 | 8 | 5 | 1 | 1 |
| | | | | | | | | | | | | | | |
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STATE OF MAINE CRASH REPORT

Report Number

C13-2771

Narrative / Diagram Supplemental

On Friday, August 30, 2013 at 16:41:00, Sgt Patrick W Polky responded to a crash on BELFAST RD approximately 0.5 miles South of 1307128 TL CAMDEN-LINCOLNVILLE CL in Camden Maine. At the time of the crash, the weather was clear and the road surface was dry.

Vehicles...

Vehicle #1, operated by Angela Reed, DOB 2/7/1978 was northbound slowing in traffic. Vehicle #1 was towed due to disabling damage to the rear.

Vehicle #1 occupant(s) are listed below:

Driver: Angela Reed DOB 2/7/1978 Injury: Possible Injury

Passenger: Marcus Makinen DOB 1/4/1993 Injury: No Injury

Passenger: Alyssa Pease DOB 2/1/1998 Injury: No Injury

Passenger: Christian Reed DOB 6/10/1998 Injury: Possible Injury

Vehicle #2, operated by Nicole Hotchkin, DOB 10/3/1977 was northbound reaching for her purse and didn't notice the slowing traffic. HOTCHKIN attempted to slow and avoid the crash but was unable to do so.

Vehicle #2 was towed due to disabling damage to the front.

Vehicle #2 occupant(s) are listed below:

Driver: Nicole Hotchkin DOB 10/3/1977 Injury: Possible Injury

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T

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|--|--|----------------------------------|--|---|----|---|--|--|-----------------------------------|--|--|-----------------------------------|--|---------------------------------------|-----|------------------------------------|--|----------------------------------|--|
| Reporting Agency ME0070100 | | Report Number C13-3130 | | Crash Date 9/26/2013 | | Crash Time 14:55 | | At Scene Date 9/26/2013 | | At Scene Time 15:05 | | | | | | | | | |
| City or Town Camden | | | Street or Highway BELFAST ST | | | Nearest Intersecting Street Int of BELFAST ST, INV 1301006 RD | | | <input type="checkbox"/> Off Road | | | | | | | | | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input checked="" type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 0.27 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.233470 | | | Longitude -69.045860 | | | | | | | | | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 30635 | | Distance to Scene M1es T:42s | | Posted Speed Limit Miles 50 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 2 - Rear End / Sideswipe | | | | | | (F2) Type of Location 6 - Driveways | | | | | | | | | | | | | |
| (F3) Weather Condition 1 - Clear | | | | | | (F4) Light Condition 1 - Daylight | | | | | | | | | | | | | |
| (F5) Road Grade 1 - Level | | | | | | (F6) Road Surface Condition 1 - Dry | | | | | | | | | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input 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 checked="" type="checkbox"/> Yes <input 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 | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
| NARRATIVE Unit 2 was traveling north on Belfast Rd (US Rte 1). A vehicle in front of Unit 2 slowed to pull into a driveway and Unit 2 had to slow suddenly. Unit 1 was traveling behind Unit 2 and was unable to slow in time rear ending Unit 2. Unit 2 stated that the vehicle that pulled into the driveway did not use their turn signal. I spoke to the operator/witness who stated that she did have her turn signal on. | | | | | | CRASH DIAGRAM | | | | | | | | | | | | | |
| Witness Last Name Clark, Sheila A | | | First A | | MI | | Address 339 Belfast Rd., Camden ME 04843 | | | City Camden | | State ME | | Zip 04843 | | | | | |
| 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 Ofc Allen Weaver | | | | Badge# 306 | | Report Date 9/27/2013 | | Approved By Sgt Patrick W Polky | | | | Approved Date 10/1/2013 | | | | | | | |

Report Number
C13-3130

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|--|-----------------------------------|---|---|---|-------------------------------------|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN 1GCHK29235E245544 | License Plate 740210 | State ME | (U1) Unit Type 5 - Pickup |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name State Farm | | Insurance Policy Number 0415421D0119D | |
| (U2) Vehicle Make 11 - CHEVROLET | | | Vehicle Year 2005 | (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. | | |
| 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 | | |
| 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 12 - Front | | | (U7) Most Harmful Event 13 - Motor Vehicle in Transport | | |
| (U8) Pre Crash Actions 1 - Following roadway | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 21 - Motor Vehicle In Transport | | | (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"/> Last Known Operator | | | License Number 0802271 <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | | |
| DRIVER Last Name Harrington, Daniel R | | | DRIVER Address 23 Razorville Rd, Washington ME 04574 | | |
| Citation Number Pending <input type="checkbox"/> | | | Violation 1 Violation 2 | | |
| OWNER Last Name (skip if same as Driver) First Name Eaton, Daniel S | | | OWNER Address 2937 Camden Rd, Warren ME 04864 | | |
| (D1) Driver Distracted By 1 - Not Distracted | | | (D2) Condition at Time of Crash 1 - Apparently Normal | | |
| (D3) Driver Actions at Time of Crash 1 20 - Unknown | | | (D3) Driver Actions at Time of Crash 2 | | |
| Alcohol Test <input checked="" 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) | | | Alcohol Test Result Pending Alcohol BAC Result | | |
| Drug Test <input checked="" 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

| AMB CODES - see code sheet | | | | | | | | | | | | | | |
|----------------------------|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|
| 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 |
| 1 | Harrington, Daniel R | M | 06/05/84 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 2 |
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Report Number
C13-3130

STATE OF MAINE CRASH REPORT

UNIT PAGE

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|--|-----------------------------------|---|--|---|-------------------------------------|
| Unit ID 2 | <input type="checkbox"/> Hit Run? | VIN 1D7HU18N885S27094 | License Plate 663AEH | State ME | (U1) Unit Type 5 - Pickup |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Allstate | | Insurance Policy Number 964312939 | |
| (U2) Vehicle Make 15 - DODGE | | | Vehicle Year 2005 | (U3) Vehicle Color 4 - Blue | |
| (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 | | | | | |
| Extent of Damage <input type="checkbox"/> No Damage Observed <input type="checkbox"/> Minor Damage <input checked="" type="checkbox"/> Functional Damage <input type="checkbox"/> Towed Due to Disabling Damage | | | | | |
| (U6) Most Damaged Area 6 - Rear | | | (U7) Most Harmful Event 13 - Motor Vehicle in Transport | | |
| (U8) Pre Crash Actions 10 - Slowing in traffic | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 21 - Motor Vehicle In Transport | | | (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"/> Last Known Operator License Number ONEILRP303K4 <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended State WA License Class O Endorsements 0 Restrictions 0 | | | | | |
| DRIVER Last Name Oneil, Ryan P | | First Name MI | DRIVER Address 500 Belfast Rd. , Camden ME 04843 | | |
| Citation Number Pending | | Violation 1 | | Violation 2 | |
| OWNER Last Name (skip if same as Driver) Oneil, Ryan P | | First Name MI | OWNER Address 500 Belfast Rd. , Camden ME 04843 | | |
| (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 checked="" 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) | | | Alcohol Test Result Pending Alcohol BAC Result | | |
| Drug Test <input checked="" 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 | | |

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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 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

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|-------------|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|
| 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 |
| 6 | Oneil, Ryan P | M | 05/24/70 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 2 | 1 |
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|---|--|----------------------------------|--|---|--|---|--|--|-----------------------------------|--|--|---------------------------------------|--|--|------------------------------------|--|--|----------------------------------|--|--|
| Reporting Agency ME0070100 | | Report Number C13-3138 | | Crash Date 9/27/2013 | | Crash Time 08:55 | | At Scene Date 9/27/2013 | | At Scene Time 09:06 | | | | | | | | | | |
| City or Town Camden | | | Street or Highway BELFAST ST | | | Intersection 1307128 TC CAMDEN-LINCOLNVILLE CL | | | <input type="checkbox"/> Off Road | | | | | | | | | | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 1.05 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.241310 | | | Longitude -69.037590 | | | | | | | | | | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 48725 | | Distance to Scene 1.05 Miles | | Posted Speed Limit 50 Miles per 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 7 - Went Off Road | | | | | | (F2) Type of Location 1 - Straight Road | | | | | | | | | | | | | | |
| (F3) Weather Condition 1 - Clear | | | | | | (F4) Light Condition 1 - Daylight | | | | | | | | | | | | | | |
| (F5) Road Grade 1 - Level | | | | | | (F6) Road Surface Condition 1 - Dry | | | | | | | | | | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk | | | | | | | | | | | | | | |
| (F8) Location of First Harmful Event 4 - Roadside | | | | | | Total Damage over Threshold? <input checked="" type="checkbox"/> Yes <input 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 | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | |
| NARRATIVE Unit 1 was traveling south on Belfast Rd (US Rte 1). Unit 1 started off the road in the south bound shoulder, overcorrected and swerved into the north bound lane. Unit 1 again overcorrected skidding back into the south bound lane and into the ditch where it impacted the embankment and rolled onto its roof. The operator of Unit 1 stated that she was attempting to swat a fly that was in the car and the next thing she knew she was in the ditch and swerved to get back on the road. | | | | | | 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 | | | | | | | | | <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 Ofc Allen Weaver | | | | Badge# 306 | | Report Date 9/27/2013 | | Approved By Sgt John Tooley | | | | Approved Date 10/6/2013 | | | | | | | | |

Report Number
C13-3138

STATE OF MAINE CRASH REPORT

UNIT PAGE

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|--|-----------------------------------|---|---|---|--|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN YV1KW9503N0007157 | License Plate 4879TQ | State ME | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Geico | | Insurance Policy Number 4300654524 | |
| (U2) Vehicle Make 70 - VOLVO | | | Vehicle Year 1992 | (U3) Vehicle Color 6 - Gold | |
| (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 checked="" type="checkbox"/> No | | Vehicle Travel Direction <input type="checkbox"/> Northbound <input checked="" 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 | | |
| 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 12 - Front | | | (U7) Most Harmful Event 1 - Overturn / Rollover | | |
| (U8) Pre Crash Actions 1 - Following roadway | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 21 - Motor Vehicle In Transport | | | (U10) Sequence of Events 2 8 - Went Off Roadway Right | | |
| (U10) Sequence of Events 3 33 - Ditch | | | (U10) Sequence of Events 4 1 - Overturn / Rollover | | |
| <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator | | | License Number 9353340 <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | | |
| DRIVER Last Name Anderson, Marin E | | | DRIVER Address PO Box 642, Lincolnville ME 04849 | | |
| Citation Number Pending <input type="checkbox"/> | | | Violation 1 Violation 2 | | |
| OWNER Last Name (skip if same as Driver) First Name Anderson, Maria E | | | OWNER Address Po Box 642, Lincolnville ME 04849 | | |
| (D1) Driver Distraction 4 - Other Inside the Vehicle (Eating, Reading, Grooming, Smoking, Passengers, etc.) | | | (D2) Condition at Time of Crash 1 - Apparently Normal | | |
| (D3) Driver Actions at Time of Crash 1 18 - Over-Correcting/Over-Steering | | | (D3) Driver Actions at Time of Crash 2 | | |
| Alcohol Test <input checked="" 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) | | | Alcohol Test Result Pending Alcohol BAC Result | | |
| Drug Test <input checked="" 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 | | |

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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 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

| AMB CODES - see code sheet | | | | | | | | | | | | | | |
|----------------------------|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|
| 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 |
| 1 | Anderson, Marin E | F | 07/18/96 | 1 | 1 | | 2 | 1 | 2 | | 4 | 9 | 3 | 3 |
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|--|--|----------------------------------|--|---|--|---|--|---|--------------------------------|--|--|------------------------------------|--|-------|--|-----|--|
| Reporting Agency ME0070100 | | Report Number C13-3421 | | Crash Date 10/19/2013 | | Crash Time 11:30 | | At Scene Date 10/19/2013 | | At Scene Time 11:40 | | | | | | | |
| City or Town Camden | | | | Street or Highway BELFAST ST | | | | Intersection 1307128th CAMDEN-LINCOLNVILLE CL | | | | <input type="checkbox"/> Off Road | | | | | |
| Direction FROM Nearest Intersection to Crash Site <input type="checkbox"/> At Intersection <input type="checkbox"/> North <input checked="" type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West | | | | Distance From Nearest Inter. 0.56 <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Miles | | Latitude 44.246110 | | | Longitude -69.035440 | | | | | | | | |
| Node 1 48725 | | Node 2 30635 | | Measurement Node 48725 | | Distance to Scene 0.56 Miles | | Posted Speed Limit 50 Miles per 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 2 - Rear End / Sideswipe | | | | | | (F2) Type of Location 6 - Driveways | | | | | | | | | | | |
| (F3) Weather Condition 1 - Clear | | | | | | (F4) Light Condition 1 - Daylight | | | | | | | | | | | |
| (F5) Road Grade 1 - Level | | | | | | (F6) Road Surface Condition 1 - Dry | | | | | | | | | | | |
| (F7) Traffic Control Device 13 - None | | | | | | Traffic Control Device Operational (pre-crash)? <input 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 checked="" type="checkbox"/> Yes <input 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 | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| NARRATIVE Unit 2 was traveling north on Belfast Rd. (US RTE 1). Unit 2 stopped in traffic for a vehicle in front making a left turn into a driveway. Unit 1 was traveling north behind Unit 2. The operator of Unit 1 (Kemple) stated that her cell phone rang and she looked down to see who was calling. Kemple failed to see Unit 2 stop for traffic and rear ended Unit 2. The operator of Unit 2 (Hernon-Mooney) complained of back pain but did not want to be transported by and ambulance. | | | | | | 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 | | | | | | <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 Ofc Allen Weaver | | | | Badge# 306 | | Report Date 10/19/2013 | | Approved By Sgt John Tooley | | | | Approved Date 10/20/2013 | | | | | |

Report Number
C13-3421

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|--|-----------------------------------|---|--|---|--|
| Unit ID 1 | <input type="checkbox"/> Hit Run? | VIN JF1GG68533H803782 | License Plate 72USNA | State OH | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Chubb National Insurance | | Insurance Policy Number 13303631-01 | |
| (U2) Vehicle Make 65 - SUBARU | | | Vehicle Year 2003 | (U3) Vehicle Color 4 - Blue | |
| (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 | | |
| 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 12 - Front | | | (U7) Most Harmful Event 13 - Motor Vehicle in Transport | | |
| (U8) Pre Crash Actions 1 - Following roadway | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 21 - Motor Vehicle In Transport | | | (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"/> Last Known Operator | | | License Number RF897673 <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | | |
| DRIVER Last Name Kemple, Jeannine M | | | DRIVER Address 7803 Boylston CT, Dublin OH 43016 | | |
| Citation Number Pending <input type="checkbox"/> | | | Violation 1 Violation 2 | | |
| OWNER Last Name (skip if same as Driver) First Name Kemple, Steven J | | | OWNER Address 7803 Boylston Ct, Dublin OH 43016 | | |
| (D1) Driver Distracted By 2 - Electronic Communication Devices (Cell Phone, Pager, etc.) | | | (D2) Condition at Time of Crash 1 - Apparently Normal | | |
| (D3) Driver Actions at Time of Crash 1 19 - Other Contributing Action | | | (D3) Driver Actions at Time of Crash 2 | | |
| Alcohol Test <input checked="" 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) | | | Alcohol Test Result Pending Alcohol BAC Result | | |
| Drug Test <input checked="" 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 | | |

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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 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

| AMB CODES - see code sheet | | | | | | | | | | | | | | |
|----------------------------|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|
| 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 |
| 1 | Kemple, Jeannine M | F | 08/22/52 | 1 | 1 | | 2 | 1 | 3 | | 5 | | | 2 |
| | | | | | | | | | | | | | | |
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Report Number
C13-3421

STATE OF MAINE CRASH REPORT

UNIT PAGE

| | | | | | |
|--|-----------------------------------|---|---|---|--|
| Unit ID 2 | <input type="checkbox"/> Hit Run? | VIN 19XFB4F28DE200464 | License Plate DUU4330 | State NY | (U1) Unit Type 1 - Passenger Car |
| <input type="checkbox"/> No Insurance | NAIC | Insurance Company Name Allstate | | Insurance Policy Number 913421220 | |
| (U2) Vehicle Make 26 - HONDA | | | Vehicle Year 2013 | (U3) Vehicle Color 8 - Grey, Silver | |
| (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 | | |
| 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 6 - Rear | | | (U7) Most Harmful Event 13 - Motor Vehicle in Transport | | |
| (U8) Pre Crash Actions 11 - Stopped in traffic | | | (U9) Contributing Circumstances - Vehicle 1 - None | | |
| (U10) Sequence of Events 1 21 - Motor Vehicle In Transport | | | (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"/> Last Known Operator | | | License Number 105891752 <input checked="" type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended | | |
| DRIVER Last Name Hernon-Mooney, Ann P | | | DRIVER Address 67 Parkway Cir., Scarsdale NY 10583 | | |
| Citation Number Pending <input type="checkbox"/> | | | Violation 1 Violation 2 | | |
| OWNER Last Name (skip if same as Driver) First Name Mooney, John V | | | OWNER Address 67 Parkway Cir., Scarsdale NY 10583 | | |
| (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 checked="" 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) | | | Alcohol Test Result Pending Alcohol BAC Result | | |
| Drug Test <input checked="" 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 | 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-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 |
| EJECTED 1-Not Ejected 2-Ejected Partially 3-Ejected Totally | HELMET USE 1-DOT-Compliant Motorcycle Helmet 2-Other Helmet 3-No Helmet | INJURY INFO SOURCE 1-Officer Observation 2-Individual Statement 3-Medical, Paramedical Observation | | | | | |

| AMB CODES - see code sheet | | | | | | | | | | | | | | | | |
|----------------------------|--|-------------|----------|--------------|----------|----------------|------------------|---------|------------------|------------|---------------|-------------|-------------|-----------------|----------|--|
| 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 | Hernon-Mooney, Ann P | F | 08/13/42 | 1 | 1 | | 2 | 1 | 3 | | 4 | 9 | 4 | 2 | 1 | |
| 8 | Mooney, John V | M | 11/05/37 | 1 | 3 | | 2 | 1 | 3 | | 5 | | | 2 | 1 | |
| | | | | | | | | | | | | | | | | |
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APPENDIX G

Cost Estimates

Preliminary Cost Estimate

| | | | | | | |
|---|--------------|-----------|----------|--------------------|---------------------------------|------------------|
| PROJECT: Camden, Great Brook Bridge #2326 - Alternative 1 Bridge Replacement. Precast Three Frame Bridge 2' CIP footing on Bedrock 13' x 3' x 100' Arch S.R 1 across bridge - staged construction Detour using state and local roads Box plan area: 13' x 100' = 1300 S.F. | | | | | WIN: <u>22610.00</u> | |
| | | | | | ESTIMATED BY: <u>KCN</u> | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| STRUCTURE: Arch, wingwalls, and footing | <u>1,300</u> | SF | x | <u>\$218.00</u> | = | <u>\$284,000</u> |
| WATERPROOFING MEMBRANE: | <u>1</u> | LS | x | <u>\$4,000.00</u> | = | <u>\$4,000</u> |
| COFFERDAMS: | <u>1</u> | LS | x | <u>\$20,000.00</u> | = | <u>\$20,000</u> |
| STRUCTURAL EXCAVATION & BORROW: | <u>332</u> | CY | x | <u>\$30.00</u> | = | <u>\$10,000</u> |
| COMMON EXCAVATION | <u>740</u> | CY | x | <u>\$25.00</u> | = | <u>\$19,000</u> |
| ROCK EXCAVATION: | <u>40</u> | CY | x | <u>\$240.00</u> | = | <u>\$10,000</u> |
| RIPRAP APRON: | <u>59</u> | CY | x | <u>\$60.00</u> | = | <u>\$4,000</u> |
| SPECIAL FILL: | <u>193</u> | CY | x | <u>\$35.00</u> | = | <u>\$7,000</u> |
| EXISTING BRIDGE REMOVAL: | <u>1</u> | LS | x | <u>\$75,000.00</u> | = | <u>\$75,000</u> |
| DETOUR AND/OR TEMPORARY BRIDGE: | <u>1</u> | LS | x | <u>\$27,000.00</u> | = | <u>\$27,000</u> |
| REHABILITATION CONTINGENCIES: | | | | <u>N/A</u> | = | <u>\$0</u> |
| MISCELLANEOUS (TCP'S, FIELD OFFICE, ETC.): | | | | <u>10%</u> | = | <u>\$46,000</u> |
| MOBILIZATION: | | | | <u>10%</u> | = | <u>\$46,000</u> |
| | | | | | | |
| STRUCTURE SUBTOTAL | | | | | = | \$555,000 |
| | | | | | | |
| APPROACHES: | <u>0</u> | LF | x | <u>\$0.00</u> | = | <u>\$0</u> |
| MISCELLANEOUS: | | | | <u>7%</u> | = | <u>\$0</u> |
| MOBILIZATION: | | | | <u>10%</u> | = | <u>\$0</u> |
| | | | | | | |
| APPROACHES SUBTOTAL | | | | | = | \$0 |
| | | | | | | |
| TOTAL CONSTRUCTION COST | | | | | = | \$555,000 |
| | | | | | | |
| PRELIMINARY ENGINEERING: | | | | <u>15%</u> | = | <u>\$85,000</u> |
| RIGHT OF WAY: | | | | | = | <u>\$15,000</u> |
| CONSTRUCTION ENGINEERING: | | | | <u>19%</u> | = | <u>\$105,000</u> |
| OTHER: | | | | | = | <u>\$0</u> |
| | | | | | | |
| TOTAL PROJECT COST | | | | | = | \$760,000 |

Preliminary Cost Estimate

| | | | | | | |
|---|--------------|-----------|----------|--------------------|---------------------------------|------------------|
| PROJECT: Camden, Great Brook Bridge #2326 - Alternative 2 Bridge Replacement. Precast structural concrete arch (CON/SPAN) with wingwalls 2' CIP footing on Bedrock 13' x 3.24' x 100' Arch S.R 1 across bridge - staged construction Detour using state and local roads Arch plan area: 13' x 100' = 1300 S.F. | | | | | WIN: <u>22610.00</u> | |
| | | | | | ESTIMATED BY: <u>KCN</u> | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| STRUCTURE: Arch, wingwalls, and footing | <u>1,300</u> | SF | x | <u>\$225.00</u> | = | <u>\$293,000</u> |
| WATERPROOFING MEMBRANE: | <u>1</u> | LS | x | <u>\$4,000.00</u> | = | <u>\$4,000</u> |
| COFFERDAMS: | <u>1</u> | LS | x | <u>\$20,000.00</u> | = | <u>\$20,000</u> |
| STRUCTURAL EXCAVATION & BORROW: | <u>320</u> | CY | x | <u>\$30.00</u> | = | <u>\$10,000</u> |
| COMMON EXCAVATION | <u>332</u> | CY | x | <u>\$25.00</u> | = | <u>\$9,000</u> |
| ROCK EXCAVATION: | <u>40</u> | CY | x | <u>\$240.00</u> | = | <u>\$10,000</u> |
| RIPRAP APRON: | <u>113</u> | CY | x | <u>\$60.00</u> | = | <u>\$7,000</u> |
| SPECIAL FILL: | <u>193</u> | CY | x | <u>\$35.00</u> | = | <u>\$7,000</u> |
| EXISTING BRIDGE REMOVAL: | <u>1</u> | LS | x | <u>\$75,000.00</u> | = | <u>\$75,000</u> |
| DETOUR AND/OR TEMPORARY BRIDGE: | <u>1</u> | LS | x | <u>\$27,000.00</u> | = | <u>\$27,000</u> |
| REHABILITATION CONTINGENCIES: | | | | <u>N/A</u> | = | <u>\$0</u> |
| MISCELLANEOUS (TCP'S, FIELD OFFICE, ETC.): | | | | <u>10%</u> | = | <u>\$47,000</u> |
| MOBILIZATION: | | | | <u>10%</u> | = | <u>\$47,000</u> |
| | | | | | | |
| STRUCTURE SUBTOTAL | | | | | = | \$560,000 |
| | | | | | | |
| APPROACHES: | <u>0</u> | LF | x | <u>\$0.00</u> | = | <u>\$0</u> |
| MISCELLANEOUS: | | | | <u>7%</u> | = | <u>\$0</u> |
| MOBILIZATION: | | | | <u>10%</u> | = | <u>\$0</u> |
| | | | | | | |
| APPROACHES SUBTOTAL | | | | | = | \$0 |
| | | | | | | |
| TOTAL CONSTRUCTION COST | | | | | = | \$560,000 |
| | | | | | | |
| PRELIMINARY ENGINEERING: | | | | <u>15%</u> | = | <u>\$85,000</u> |
| RIGHT OF WAY: | | | | | = | <u>\$15,000</u> |
| CONSTRUCTION ENGINEERING: | | | | <u>18%</u> | = | <u>\$100,000</u> |
| OTHER: | | | | | = | <u>\$0</u> |
| | | | | | | |
| TOTAL PROJECT COST | | | | | = | \$760,000 |

Preliminary Cost Estimate

| | | | | | | |
|---|-----------|----------|---------------------|------------|---------------------------------|------------------|
| PROJECT: Camden, Great Brook Bridge #2326 - Alternative 3 Bridge Replacement. Multi-Plate Single Radius Arch 2' CIP footing on Bedrock 13' x 4.08' x 100' Arch S.R 1 across bridge - staged construction Detour using state and local roads Arch plan area: 13' x 100' = 1300 S.F. | | | | | WIN: <u>22610.00</u> | |
| | | | | | ESTIMATED BY: <u>KCN</u> | |
| | | | | | | |
| | | | | | | |
| STRUCTURE: Arch, wingwalls, and footing | | | | | | |
| <u>1,300</u> | SF | x | <u>\$148.00</u> | = | <u>\$193,000</u> | |
| COFFERDAMS: | | | | | | |
| <u>1</u> | LS | x | <u>\$12,000.00</u> | = | <u>\$12,000</u> | |
| STRUCTURAL EXCAVATION & BORROW: | | | | | | |
| <u>370</u> | CY | x | <u>\$30.00</u> | = | <u>\$12,000</u> | |
| ROCK EXCAVATION: | | | | | | |
| <u>36</u> | CY | x | <u>\$160.00</u> | = | <u>\$6,000</u> | |
| PAVEMENT: | | | | | | |
| <u>10</u> | TN | x | <u>\$260.00</u> | = | <u>\$3,000</u> | |
| RIPRAP APRON: | | | | | | |
| <u>113</u> | CY | x | <u>\$60.00</u> | = | <u>\$7,000</u> | |
| SPECIAL FILL: | | | | | | |
| <u>193</u> | CY | x | <u>\$35.00</u> | = | <u>\$7,000</u> | |
| EXISTING BRIDGE REMOVAL: | | | | | | |
| <u>1</u> | LS | x | <u>\$75,000.00</u> | = | <u>\$75,000</u> | |
| DETOUR AND/OR TEMPORARY BRIDGE: | | | | | | |
| <u>1</u> | LS | x | <u>\$ 27,000.00</u> | = | <u>\$27,000</u> | |
| REHABILITATION CONTINGENCIES: | | | | <u>N/A</u> | = | <u>\$0</u> |
| MISCELLANEOUS (TCP'S, FIELD OFFICE, ETC.): | | | | <u>10%</u> | = | <u>\$35,000</u> |
| MOBILIZATION: | | | | <u>10%</u> | = | <u>\$35,000</u> |
| | | | | | | |
| STRUCTURE SUBTOTAL | | | | = | \$415,000 | |
| | | | | | | |
| APPROACHES: | | | | | | |
| <u>0</u> | LF | x | <u>\$0.00</u> | = | <u>\$0</u> | |
| MISCELLANEOUS: | | | | <u>7%</u> | = | <u>\$0</u> |
| MOBILIZATION: | | | | <u>10%</u> | = | <u>\$0</u> |
| | | | | | | |
| APPROACHES SUBTOTAL | | | | = | \$0 | |
| | | | | | | |
| TOTAL CONSTRUCTION COST | | | | = | \$415,000 | |
| | | | | | | |
| PRELIMINARY ENGINEERING: | | | | <u>20%</u> | = | <u>\$85,000</u> |
| RIGHT OF WAY: | | | | | = | <u>\$15,000</u> |
| CONSTRUCTION ENGINEERING: | | | | <u>25%</u> | = | <u>\$105,000</u> |
| OTHER: | | | | | = | <u>\$0</u> |
| | | | | | | |
| TOTAL PROJECT COST | | | | = | \$620,000 | |