

STATE OF MAINE CRASH REPORT

FIRST PAGE

F I R	Reporting Agency		Report Number		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 : Tenths		Posted Speed Limit Miles Per Hour		<input type="checkbox"/> Unknown <input type="checkbox"/> Not Posted 25		<input type="checkbox"/> N/A		
Description of Crash						(F2) Type of Location								
Weather Condition						(F4) Light Condition								
Road Surface						(F6) Road Surface Condition								
Traffic Control Device						Traffic Control Device Operational (pre-crash)? <input type="checkbox"/> Yes <input type="checkbox"/> No								
First Harmful Event						Total Damage over Threshold? <input type="checkbox"/> Yes								
(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								
Witness Last Name			First		MI		Address			City				
Witness Last Name			First		MI		Address			City				
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				

The beginning of the report is for crash details such as date, time, location, reporting agency, and reporting number.

This section summarizes the crash, explaining how and under what conditions it occurred. The investigating officer may mention up to four factors that contributed to the crash, such as speeding, that can help determine fault.

Under the narrative section, the investigating officer writes a short story and creates a crash diagram. More pages can be added if needed. Pay close attention to this section.

This final section lists witnesses to the accident and any damage to non-vehicle property, such as a guardrail or other objects.

Report Number **STATE OF MAINE CRASH REPORT** UNIT PAGE

U Unit ID Hit Run? VIN License Plate State (U1) Unit Type

N No Insurance NAIC Insurance Company Name Insurance Policy Number

(U2) Vehicle Make Vehicle Year (U3) Vehicle Color

(U4) Vehicle Configuration GVWR or GCWR
 < 10,000 lbs. 10,001 - 26,000 lbs.

More Seats? Yes No HAZMAT Placarded? Yes No Vehicle Travel Direction Northbound Eastbound Westbound Not on Road

Emergency Vehicle Responding to Scene?

No Damage Observed Minor Damage Functional Damage Towed Due to

(U7) Most Harmful Event

(U9) Contributing Circumstances - Vehicle

(U10) Sequence of Events 1 (U10) Sequence of Events 2

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

This page provides details about a specific vehicle in the accident. The complete report will have unit pages for each vehicle involved.

The top of the unit page contains key information about the vehicle, including its Vehicle Identification Number (VIN), license plate, insurance policy, and configuration. It also assigns a Unit ID for reference on other pages.

D Driver Bicycle Pedestrian Last Known Operator License Number Active No License Permit Suspended State License Class Endorsements Restrictions

R DRIVER Last Name First Name MI DRIVER Address City

Citation Number Pending Violation 1 Violation 2

V OWNER Last Name (skip if same as Driver) First Name MI OWNER Address City

E (D1) Driver Distracted By (D2) Condition at Time of Crash

R (D3) Driver Actions at Time of Crash 1 (D3) Driver Actions at Time of Crash 2

Alcohol Test Test Not Given Test Refused Blood Urine Other Chemical Test (Not Field Sobriety or PBT) Alcohol Test Result Pending Alcohol BAC Re

Test Not Given Test Refused Blood Urine Other Drug Test Result Positive Negative

Location at Time of Crash (D5) Non Motorist Action Prior to Crash

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

Maneuvers (D8) Bicyclist Maneuvers

The Driver section includes the driver's name, contact information, actions taken, and whether they were tested for drug or alcohol use. This section is crucial for determining fault since most accidents are caused by driver error.

The rest of the Unit section explains the vehicle's involvement in the accident, including its direction, damages, and sequence of events. Contributing Circumstances - Vehicle refers to any vehicle-related factors that contributed to the crash, such as defective brakes.

POSITION	SEAT POSITION OTHER	AIRBAG DEPLOYED	RESTRAINT SYSTEM	INJURY TYPE	INJURY AREA	INJURY DEGREE
1-Driver	1-Sleeper Section of Cab (truck)	1-Not Applicable	1-Not Applicable	1-Amputation	1-Face	1-Fatal
2-Other Enclosed Cargo Area	2-Other Enclosed Cargo Area	2-Not Deployed	2-None Used - Motor Vehicle Occupant	2-Bleeding	2-Head	2-Incapacitating
3- Unenclosed Cargo Area	3- Unenclosed Cargo Area	3-Deployed - Front	3-Shoulder and Lap Belt Used	3-Broken Bones	3-Neck	3-Nonincapacitating
4-Trailing Unit	4-Trailing Unit	4-Deployed - Side	4-Shoulder Belt Only Used	4-Burns	4-Back	
5-Riding on Motor Vehicle Ext (non-trailing unit)	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)	
6- Unknown	6- Unknown	6-Deployed - Combination	6-Restraint Used - Other	6-Shock	6-Leg(s)	
		7-Deployment - Curtain	7-Child Restraint - Forward Facing	7-Dizziness	7-Chest Stomach	
			8-Child Restraint - Rear Facing	8-Abrasion/Bruises	8-Internal	
			9-Child Restraint - Used Incorrectly	9-Complaint of Pain	9-Entire Body	
			10-Booster Seat	10-Other	10-Other	
			11-Child Restraint - Other			

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
	Last Name, First Name, MI											

The Occupant section lists all vehicle occupants, including the driver and passengers. It records any injuries reported to the investigating officer, noting that some injuries may not have been immediately apparent. If the vehicle had more than 5 occupants, an additional page is used.