



## STATE OF MAINE CRASH REPORT

FIRST PAGE

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.

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 <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		
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	Badge#	Report Date	Approved By	Approved Date	



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

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 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.

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.

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.

Report Number		STATE OF MAINE CRASH REPORT				UNIT PAGE											
Unit ID	<input type="checkbox"/> Hit Run?	VIN	License Plate	State	(U1) Unit Type												
<input type="checkbox"/> No Insurance	NAIC	Insurance Company Name		Insurance Policy Number													
(U2) Vehicle Make			Vehicle Year	(U3) Vehicle Color													
(U4) Vehicle Configuration			GVWR or GCWR <input type="checkbox"/> < 10,000 lbs. <input type="checkbox"/> 10,001 - 26,000 lbs. <input type="checkbox"/> > than 26,000 lbs.														
Vehicle Has 9 or More Seats? <input type="checkbox"/> Yes <input type="checkbox"/> No		HAZMAT Placarded? <input type="checkbox"/> Yes <input type="checkbox"/> No		Vehicle Travel Direction <input type="checkbox"/> Northbound <input type="checkbox"/> Southbound <input type="checkbox"/> Eastbound <input type="checkbox"/> Westbound <input type="checkbox"/> Not on Roadway <input type="checkbox"/> Unknown													
(U5) Special Function Vehicle <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 type="checkbox"/> Towed Due to Disabling Damage																	
(U6) Most Damaged Area				(U7) Most Harmful Event													
(U8) Pre Crash Actions				(U9) Contributing Circumstances - Vehicle													
(U10) Sequence of Events 1				(U10) Sequence of Events 2													
(U10) Sequence of Events 3				(U10) Sequence of Events 4													
<input type="checkbox"/> Driver <input type="checkbox"/> Bicycle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Last Known Operator <input type="checkbox"/> License Number <input type="checkbox"/> Active <input type="checkbox"/> No License <input type="checkbox"/> Permit <input type="checkbox"/> Suspended <input type="checkbox"/> State <input type="checkbox"/> License Class <input type="checkbox"/> Endorsements <input type="checkbox"/> Restrictions																	
DRIVER Last Name			First Name	MI	DRIVER Address		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		City State										
(D1) Driver Distracted By				(D2) Condition at Time of Crash													
(D3) Driver Actions at Time of Crash 1				(D3) Driver Actions at Time of Crash 2													
Alcohol Test <input type="checkbox"/> Breath <input type="checkbox"/> Urine <input type="checkbox"/> Other Chemical Test (Not Field Sobriety or PBT)				<input 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 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																	
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-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	Inj Info Source	Amb Code
	Last Name, First Name, Mi																