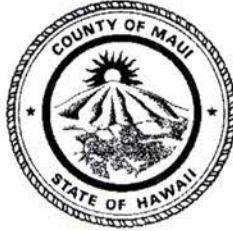


MICHAEL P. VICTORINO
Mayor

MOANA M. LUTEY
Corporation Counsel

RICHELLE M. THOMSON
First Deputy


LYDIA A. TODA
Risk Management Officer
Tel. No. (808) 270-7535
Fax No. (808) 270-1761



DEPARTMENT OF THE CORPORATION COUNSEL
COUNTY OF MAUI
200 SOUTH HIGH STREET, 3RD FLOOR
WAILUKU, MAUI, HAWAII 96793
EMAIL: CORPCOUN@MAUICOUNTY.GOV
TELEPHONE: (808) 270-7740
FACSIMILE: (808) 270-7152

November 17, 2020

MEMO TO: Michael J. Molina, Chair
Governance, Ethics and Transparency Committee

FROM: Caleb P. Rowe, Deputy Corporation Counsel 

SUBJECT: Litigation Matters
Settlement of Claim: Maui Electric Company, Limited
John Mullen Claim No.: 4067061

Pursuant to Section 3.16.020B of the Maui County Code, our department hereby requests authorization to discuss settlement of the aforementioned claim. There is no immediate deadline to this matter.

Copies of the claim and proposed resolution are enclosed. We request that a representative from the Department of Environmental Management be in attendance during discussion of this matter. If you have any questions, or concerns, please do not hesitate to contact me.

CPR:cs
Enclosures

cc: Eric Nakagawa, Director
Department of Environmental Management

Resolution

No. _____

AUTHORIZING SETTLEMENT OF CLAIM NO. 4067061 OF MAUI ELECTRIC COMPANY, LIMITED

WHEREAS, MAUI ELECTRIC COMPANY, LIMITED filed Claim No. 4067061 on October 26, 2020, against the County of Maui for damage to their property on November 6, 2018; and

WHEREAS, the County of Maui and Maui Electric Company, Limited, to avoid incurring expenses and the uncertainty of a judicial determination of the parties' respective rights and liabilities, will attempt to reach a proposed resolution of this claim by way of negotiated settlement; and

WHEREAS, having reviewed the facts and circumstances regarding this case and being advised of attempts to reach resolution of this case by way of a negotiated settlement by the Department of the Corporation Counsel, the Council wishes to authorize the settlement; now, therefore,

BE IT RESOLVED by the Council of the County of Maui:

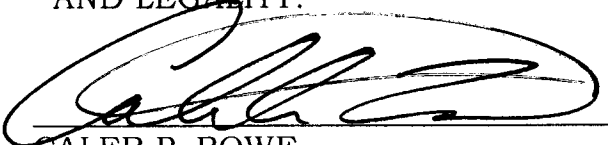
1. That it hereby approves settlement of Claim No. 4067061 in the amount of \$22,160.10; and

Resolution No. _____

2. That payment is authorized to satisfy settlement of this claim following the execution of the Release of Property Damage Claim by a representative of Maui Electric Company, Limited; and

3. That certified copies of this resolution be transmitted to the Mayor, the Director of Finance, the Director of Environmental Management and the Corporation Counsel.

APPROVED AS TO FORM
AND LEGALITY:

A handwritten signature in black ink, appearing to read 'Caleb P. Rowe', is written over a horizontal line.

CALEB P. ROWE
Deputy Corporation Counsel
County of Maui
RISK 2020-0236

KATHY L. KAOHU
County Clerk



JAMES G.M. KRUEGER
Deputy County Clerk

OFFICE OF THE COUNTY CLERK

COUNTY OF MAUI
200 SOUTH HIGH STREET
WAILUKU, MAUI, HAWAII 96793
www.mauiCounty.gov/county/clerk

October 26, 2020

*Maui Electric Co (DEEM) 11/0/18
Risk 2020-0234 A PD
SIX # 4047061
Doc 11/14/2018*

John Mullen & Company, Inc. (JMC)
Via email: claims@johnmullen.com

Attn: Unit Code 99

Respectfully transmitted is a copy of a claim against the County of Maui filed by Maui Electric Company, Limited, of P.O. Box 398, Kahului, which was received by our office on October 26, 2020.

Respectfully,

Handwritten signature of Kathy L. Kaohu in cursive.

KATHY L. KAOHU
County Clerk

Attachment

cc: Mayor
Corporation Counsel
Council Chair

/djy

RECEIVED

COUNTY OF MAUI
CLAIM FOR DAMAGE OR INJURY

2020 OCT 26 PM 1: 27

PLEASE PRINT CLEARLY

OFFICE OF THE
CLERK

1. Claimant: Mr. Mrs. Ms. MAUI ELECTRIC COMPANY, LIMITED

2. Address: PO BOX 398 KAHULUI, HI 96733

3. Telephone No.: Business 808-871-2344 Residence N/A

4. Date of Accident: 11/06/2018

5. Location of Accident: LOWER KULA ROAD, KULA

6. Amount of Claim: Property Damage \$ 22,160.10 Personal Injury \$ 0.00

7. Describe the accident in detail. Indicate all the facts, causes, persons involved, witnesses, extent of damage, etc., and why you think the County is responsible. You may write on the back if needed.

EXPENSE INCURRED TO REPLACE POLE DAMAGED BY MOTOR VEHILCE ACCIDENT.

COUNTY FO MAUI, SOLID WASTE DIVISION VEHICLE CM2575, DAMAGED POLE WHEN

REVERSING TRUCK, COLLIDING WITH UTILITY POLE.

DRIVER: ERNEST MENDES

MPD REPORT #18-046052

LICENSE PLATE: CM2575

8. If you carry insurance applicable to this claim, please provide the name and address of the insurance company and your policy number.

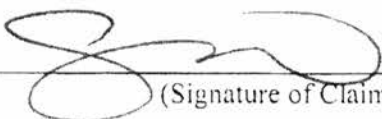
Policy No. _____

A. Did you file a claim with your insurance company? N/A

If yes, amount claimed \$ _____ Deductible amount \$ _____

B. If a claim was filed with your insurance company, what action do they intend to take?

I HEREBY DECLARE THAT THE FOREGOING STATEMENTS ARE TRUE AND CORRECT.


(Signature of Claimant)

10/21/2020
(Date)



October 20, 2020

To: OFFICE OF THE COUNTY CLERK
Company: COUNTY OF MAUI
200 SOUTH HIGH STREET, ROOM 708
WAILUKU, HI 96793

From: Samantha Takamura
Department: Claims Department
Phone: (808) 871-2344
email: samantha.takamura@hawaiianelectric.com (preferred contact method)

CLAIM NO. 20181006-994-1
WORKORDER NO. 6021625
DATE OF LOSS 11/6/2018

LABOR HRS/COST	108.75	\$	6,989.95
* OUTSIDE SERVICES			3,322.19
MATERIAL			2,375.49
OVERHEADS			9,536.25
<hr/>			
SUBTOTAL			22,223.88
LESS DEPRECIATION CREDIT			(63.78)
<hr/>			
TOTAL		\$	22,160.10

*Outside services for traffic control and excavation

MATERIALS	QUANTITY	AMOUNT
BARRIER_TERMITE_17"X8' SS MESH	1	
ROD_GND_5/8"X8' CU CLAD STL_CUPERWELD	1	
BRACE_XARM_GALV_3/16X1-1/2X1-1/2X48"	1	
INSULATOR_27KV_POST_12KV APL	3	
INSULATOR_35KV_SUSP_POLY_35KV APL	6	
SW_DISC_14.4KV_600A_HOOK OPERATED	3	
XARM_WD_4 STL PIN_3-3/4"X5-3/4"X10'	1	
POLE_PENTA_45'_CLASS 2	1	
<hr/>		
		2,375.49



UPON RECEIPT OF THIS INVOICE

invoice

'āinaexcavation

483 east uahi way wailuku, hi 96793
ph: 808.877.0155 fax: 808.242.0781
email: aina@ainaexcavation.com

invoice #: 019390

date: 1/30/2019

work order #: 6021625

start date: 1/30/2019

end date: 1/30/2019

job # 1118-40

bill to:

MAUI ELECTRIC CO., LTD.
P.O. BOX 2750
HONOLULU, HI 96840
Attention: ACCOUNTS PAYABLE

auth. / purchase order	requisitioner	location	project	
4500014864	[REDACTED]	E124 L. KULA RD.	DIG POLE HOLE	
		description		extrn.
		PROVIDED EQUIPMENT AND LABOR TO DIG AND COVER FOR SAFETY ONE (1) 45' POLE HOLE. TRAFFIC CONTROL NEEDED.		1,499.29

	subtotal	\$1,499.29
	sales tax 4.166...	\$0.00
thank you for your business. [REDACTED]	total	\$1,499.29

Rental Invoice



GP Roadway Solutions Inc.
 PO Box 4319
 Honolulu, HI 96812-4319
 8088332502

Invoice Number: 0536541-IN
 Invoice Date: 11/28/2018
 Contract Number: R186479
 Contract Date: 11/17/2018
 Billing Profile: TC
 Salesperson: [REDACTED]

Billing Period

11/17/2018 to 11/17/2018

Customer Number: [REDACTED]

Sold To:
 MAUI ELECTRIC COMPANY LTD
 ATTN: [REDACTED]
 210 W. Kamehameha Ave.
 Kahului, HI 96732

Ship To:
 MAUI ELECTRIC COMPANY LTD
 ATTN: [REDACTED]
 210 W. Kamehameha Ave.
 [REDACTED] KULA RD/COPP RD
 Kahului, HI 96732

Confirm To:
 543-7937

Customer P.O. **4500012613** Ship VIA F.O.B. Terms
 NET 30 DAYS

Item Code	Unit	Shipped	Returned	Balance	Price	Amount
1248RWA	EACH	[REDACTED]	[REDACTED]	0.00	0.00	0.00
Period: 11/17/2018 to 11/17/2018		Whse: 04R				
1248BPTS	EACH	[REDACTED]	[REDACTED]	0.00	0.00	0.00
Period: 11/17/2018 to 11/17/2018		Whse: 04R				
12CONSTAND	EA	[REDACTED]	[REDACTED]	0.00	0.00	0.00
Period: 11/17/2018 to 11/17/2018		Whse: 04R				
12HSP4328WC	EACH	[REDACTED]	[REDACTED]	0.00	0.00	0.00
Period: 11/17/2018 to 11/17/2018		Whse: 04R				
TC-12	DAY	[REDACTED]	[REDACTED]	0.00	0.00	1,050.00
TRAFFIC CONTROL-MAUI RENTAL						
Period: 11/17/2018 to 11/17/2018						
[REDACTED] START/END 11/17/2018						

Net Invoice: 1,050.00
 Less Discount: 0.00
 Freight: 0.00
 Damage Waiver: 0.00
 Sales Tax: 43.74
Invoice Total: 1,093.74

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Page 1 of 8 DOT-1-174A (HWY-T) Rev. 06/08

Report Number: **18-046052**

(1) Crime Code		(2) County		(3) District		(4) Beat		(5) Watch		(6) Date/Time/Day Occurred			(7) Date/Time/Day Reported		
		MAU		1		33		2		11/06/2018	10:00	TU	11/06/2018	10:00	TU
(8) Report Type		(9) Total Involved				(10) Number Of			(11) Tow	(12) Hit & Run	(13) Fire	(14) Photo	(15) Select One		
<input checked="" type="radio"/> Major (01) <input type="radio"/> Minor (02)		MV	MC	MOP	BC	PED	WITN	KILLED	INJ	<input type="radio"/> No (01) <input type="radio"/> Yes (02)	<input type="radio"/> No (01) <input type="radio"/> Yes (02)	<input type="radio"/> No (01) <input type="radio"/> Yes (02)	<input type="radio"/> No (01) <input type="radio"/> Yes (02)	<input type="radio"/> None (00) <input type="radio"/> Bridge (01) <input type="radio"/> Tunnel (02) <input type="radio"/> Ramp (03)	
(16) Times Police		(18) Weather Conditions (Select up to 2)						(19) Light/Lighting							
Sent	Arrive	<input checked="" type="radio"/> Clear (01) <input type="radio"/> Cloudy (02) <input type="radio"/> Rain (03)	<input type="radio"/> Hazy, Fog, Smoke (04) <input type="radio"/> Windy, Severe Crosswind (05) <input type="radio"/> Sleet/Hail (06)	<input type="radio"/> Snow (07) <input type="radio"/> Blowing Sand/ Soil (08) <input type="radio"/> Unknown (09)	<input checked="" type="radio"/> Daylight (01) <input type="radio"/> Dawn (02) <input type="radio"/> Dusk (03)	<input type="radio"/> Spot Illumination (04) <input type="radio"/> Continuous Lighting (05) <input type="radio"/> Dark/Lights off (06)	<input type="radio"/> Dark /No Lights (07) <input type="radio"/> Dark/Unknown (08) <input type="radio"/> Unknown (09)								
10:28	10:43														
(17) Times EMS		(20) Location		(21) Traffic Level		(22) Trafficway Description				(23) GPS Location					
Sent	Arrive	<input type="radio"/> School (01) <input type="radio"/> Business (02) <input checked="" type="radio"/> Residential (03) <input type="radio"/> Industrial (04)	<input type="radio"/> Recreational (05) <input type="radio"/> Farm/Fields (06) <input type="radio"/> No Development (07) <input type="radio"/> Other (08)	<input checked="" type="radio"/> Light (01) <input type="radio"/> Medium (02) <input type="radio"/> Heavy (03)	<input checked="" type="radio"/> 2-Way Undivided (01) <input type="radio"/> 2-Way, Undivided with Cont. Left Turn Lane (02) <input type="radio"/> 2-Way, Divided, Unprotected Median (03)	<input type="radio"/> 2-Way, Divided, Median Barrier (04) <input type="radio"/> 1-Way Trafficway (05) <input type="radio"/> Other (06)					Latitude	00:00:00.0000	Longitude	000:00:00.0000	
:	:														
(24) Name of Street or Highway		(25) City/Town		(26) Work Zone											
LOWER KULA RD		KULA		<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)											
(27) Route No.	(28) Mile Post Marker	(29) Distance and Direction		(30) Refer (Mile Marker, Intersection, Etc.)											
		0.1 MILES SOUTH OF		COPP ROAD											
(31A) Location of First Harmful Event				(31B) Action											
Intersection 01 Intersection Area 02 Driveway Access On Roadway - Not at Intersection 10 Left or Inner Lane 11 Right or Outer Lane 12 Other Main Lane 13 Merge/Transition Lane 14 Acceleration Lane 15 Deceleration Lane 16 Left Turn Lane 17 Right Turn Lane 18 Bikeway 19 Bus/HOV/Zipper Lane Off Roadway 20 Left Shoulder 21 Right Shoulder 22 Left Roadside 23 Right Roadside 24 Median		Off Roadway (Cont.) 25 Median Crossover 26 Outside ROW (Trafficway) Off Roadway - Other 30 Driveway 31 Private Road 32 Parking Lot Other Roadway 40 Entrance/Exit Ramp 41 Railway Crossing 42 Midblock Crosswalk 43 HOV Crossover Lane 44 Gore 45 Separator 46 Parking Lane 47 Emergency Escape Ramp 48 Other (Specify in Synopsis Block)		Non-Collision 01 Overturn/Rollover on Roadway 02 Overturn/Rollover off Roadway 03 Submersion 04 Fire/Explosion 05 Jackknife 06 Ran off Roadway 07 Cargo/Equipment Loss or Shift 08 Fell/Jumped from Motor Vehicle 09 Downhill Runaway 10 Separation of Units 11 Cross Median/Centerline 12 Equipment Failure 13 Thrown or Falling Objects 14 Other Non-Collision (Specify in the Synopsis Block) Collision with Object/Animal 20 Overhead Cables 21 Guardrail Face 22 Guardrail End 23 Culvert 24 Ditch 25 Bridge Overhead Structure 26 Bridge Pier or Support 27 Bridge Rail 28 Building 29 Tunnel		Collision with Object/Animal (Cont.) 30 Curb 31 Embankment/Retaining Wall 32 Fence 33 Utility Pole/Light Support 34 Traffic Signal/Sign Post 35 Other Post/Pole/Support 36 Impact Attenuator/Crash Cushion 37 Concrete Traffic Barrier 38 Other Traffic Barrier 39 Tree (Standing) 40 Hydrant 41 Mailbox 42 Animal 43 Other (Specify in the Synopsis Block) Collision with Person 50 Unknown 51 Crossing in Crosswalk 52 Crossing Outside Crosswalk 53 Crossing no Crosswalk 54 Darting Out 55 Walking in Roadway 56 Playing/Exercising in Roadway 57 Directing Traffic 58 Pushing/Working on Vehicle 59 Getting On/Off Vehicle 60 Roadwork 61 Other (Specify in Synopsis Block)		Collision with Bicycle or Moped 70 Unknown 71 Riding in Bikeway 72 Riding Outside of Bikeway 73 Riding in Road/No Bikeway 74 Riding off Roadway 75 Crossing Roadway 76 Fell In/On Roadway 77 Other (Specify in Synopsis Block) Collision with MV in Transport (Except Moped) 80 Head On 81 Rear End 82 Sideswipe - Same Direction 83 Sideswipe - Opposite Direction 84 Angle - Same Direction 85 Angle - Opposite Direction 86 Angle - Not Specified 87 Broadside 88 Rear to Side 89 Rear to Rear 90 Other (Specify in Synopsis Block) Collision with MV - Other 100 MV in Other Roadway 101 Railway Vehicle (Train/Engine) 102 Parked MV 103 Work Zone/Maintenance Equip.							
Enter the Location of the FIRST HARMFUL EVENT (31A)		Enter the Sequence number of the FIRST HARMFUL EVENT (31C)		Enter the Sequence number of the MOST HARMFUL EVENT (31D)											
20		1		1											
(31) Sequence of Events		Officer's Rank and Name		Officer's ID Number		Date/Time		Supervisor's Rank and Name		Supervisor's ID Number		Date/Time			
#	Unit	Unit/0	(31B) Action	#	Unit	Unit/0	(31B) Action	PO2 PAGAN, ALEX C	SGTD1 PAGADUAN, LAWRENCE III	15436	10218	11/8/18 10:34	11/8/18 11:50		
1	01	00	33												

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: **18-046052**

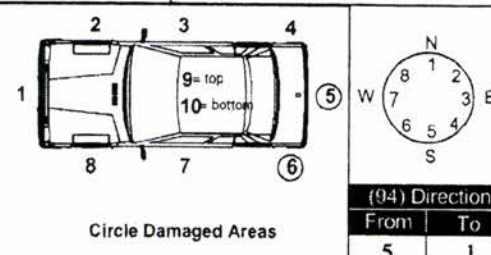
(32) Unit No. (33) No. of Occ.		UNIT INFORMATION																																							
01	1	(34) Unit Class						(35) Race																																	
<input type="radio"/> Passenger Car (01) <input type="radio"/> Passenger Van (02) <input type="radio"/> Pickup Truck (03) <input type="radio"/> SUV/MPVH(04) <input type="radio"/> Cargo Van < 10,001 lbs. (05) <input checked="" type="radio"/> Other Truck < 10,001 lbs. (06) <input type="radio"/> Truck > 10,000 lbs. (07) <input type="radio"/> Transit Bus (08)		<input type="radio"/> School Bus (09) <input type="radio"/> Other Bus (10) <input type="radio"/> Motorcycle (11) <input type="radio"/> Motor Scooter (12) <input type="radio"/> Moped (13) <input type="radio"/> Bicycle (14) <input type="radio"/> Pedestrian (15) <input type="radio"/> Maint./Construct. Equipment (16)		<input type="radio"/> Farm Vehicle/Equipment (17) <input type="radio"/> Motor Coach (18) <input type="radio"/> Motor Home (19) <input type="radio"/> Recreational Vehicle (20) <input type="radio"/> Other (21) <input type="radio"/> Unknown (22)		<input checked="" type="radio"/> White (01) <input type="radio"/> Black (02) <input type="radio"/> American Indian (03) <input type="radio"/> Chinese (04) <input type="radio"/> Japanese (05) <input type="radio"/> Korean (06) <input type="radio"/> Puerto Rican (07)				<input type="radio"/> Hawaiian (08) <input type="radio"/> Samoan (09) <input type="radio"/> Tongan (10) <input type="radio"/> Vietnamese (11) <input type="radio"/> Filipino (12) <input type="radio"/> Unknown (13) <input type="radio"/> Other (14)																															
(36) Last Name			(37) First Name			(38) MI	(39) Sex		(40) DOB																																
MENDES			ERNEST			RODRIG	<input checked="" type="radio"/> M (01) <input type="radio"/> F (02)		09/23/1965																																
(41) Street No.		(42) Street Name				(43) St. Pl. Blvd. Etc.		(44) Apt./Suite Number																																	
748		ONIPAA				PL																																			
(45) City		(46) State		(47) Zip Code		(48) Home Phone Number																																			
MAKAWAO		HI		96768																																					
(49) Occupation						(50) Employer/Company Name																																			
<input type="radio"/> Unemployed (00) <input type="radio"/> U.S. Army (01) <input type="radio"/> U.S. Navy (02) <input type="radio"/> U.S. Air Force (03) <input type="radio"/> U.S. Marines (04) <input type="radio"/> U.S. Coast Guard (05) <input type="radio"/> Other Military (06)						<input type="radio"/> Fed. Govt. Civ. (07) <input type="radio"/> State Govt. (08) <input checked="" type="radio"/> County Govt. (09) <input type="radio"/> Foreign Govt./Civ. (10) <input type="radio"/> Retired (11) <input type="radio"/> Student - Elem. (12) <input type="radio"/> Student - Inter. (13)		<input type="radio"/> Student - H.S. (14) <input type="radio"/> Student - Col. (15) <input type="radio"/> U.S. Tourist (16) <input type="radio"/> Foreign Tourist (17) <input type="radio"/> Police Officer (18) <input type="radio"/> Other (19) <input type="radio"/> Not Stated (20)		COUNTY OF MAUI (51) Work Phone Number (52) Other Phone/Pager Number (808) 357-5619																															
(85) SFST GIVEN			(86) SFST RESULTS			(53) Driver's License Number		(54) St./Juris.	(55) Class	(56) Restrict.	(57) Endorse.																														
<input checked="" type="radio"/> No (01) <input type="radio"/> Refused (03) <input type="radio"/> Yes (02)			<input type="radio"/> Passed (01) <input checked="" type="radio"/> Does Not Apply (03) <input type="radio"/> Failed (02)					2B	K	N																															
(87) Alcohol Test Results						(58) CDL Type		(59) Driver's License Status																																	
(87A) Status		(87B) Type		(87C) Results		<input checked="" type="radio"/> Non-CDL (01) <input type="radio"/> Non-CDL/Restricted (02) <input type="radio"/> CDL (03)		<input checked="" type="radio"/> Valid (01) <input type="radio"/> Not Licensed (02) <input type="radio"/> Canceled (03) <input type="radio"/> Denied (04)				<input type="radio"/> Expired (05) <input type="radio"/> Revoked (06) <input type="radio"/> Suspended (07) <input type="radio"/> Provisional (08)		<input type="radio"/> Permit (09) <input type="radio"/> Disqualified [CDL] (10)																											
<input checked="" type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02)		<input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03)		<input type="radio"/> Value (01) <input type="radio"/> Pending (02)																																					
(88) Drug Test Results						(60) Insurance Policy Number		(61) Exp. Date	(62) Insurance Carrier																																
(88A) Status		(88B) Type		(88C) Results		85-2-32		12/04/2018	SELF INSURED																																
<input checked="" type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02)		<input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03)		<input type="radio"/> Positive (01) <input type="radio"/> Negative (02) <input type="radio"/> Pending (03)																																					
(63) Registered Owner Name						(64) Phone Number		(65) Sr. No.				(66) Street Name		(67) St. Pl.	(68) Ste.#																										
COUNTY OF MAUI SOLID WASTE DIVISION						(808) 270-7875		200		S HIGH		ST																													
(69) City						(70) State		(71) Zip Code																																	
WAILUKU						HI		96793																																	
(72) Vehicle Body Type												(73) Vehicle Year		(74) Veh. Color (Top/Bottom)		(75) Vehicle Make		(76) Vehicle Model		(77) Lic. Plate No.		(78) Trailer Plate		(79) Lic. Plate St.																	
<input type="radio"/> 2-DSD (01) <input type="radio"/> 2-DSW (04) <input type="radio"/> SUV/MPVH (07) <input type="radio"/> Bus (10) <input type="radio"/> Moped (13) <input type="radio"/> 4-DSD (02) <input type="radio"/> 4-DSW (05) <input type="radio"/> Van (08) <input type="radio"/> PCMC (11) <input type="radio"/> Bicycle (14) <input type="radio"/> 2-DCV (03) <input type="radio"/> P/U Truck (06) <input checked="" type="radio"/> Truck (09) <input type="radio"/> M-Scooter (12) <input type="radio"/> Other (15)												2016		WHI						CM2575				HI																	
(80) Vehicle VIN Number										(81) Emer. Veh. In Use		(82) Vehicle Stolen																													
5 V C A C R U F 4 G H 2 2 2 4 1 1										<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)		<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)																													
(83) Special Use						(84) Trailer/Cargo Type																																			
<input type="radio"/> None (00) <input type="radio"/> Driver Trng. (01) <input type="radio"/> Construction/Maintenance (02) <input type="radio"/> Taxi (03)						<input type="radio"/> Fire Truck (04) <input type="radio"/> Ambulance (06) <input type="radio"/> Police-On Duty (07)						<input type="radio"/> Police-Off Duty (08) <input type="radio"/> Military (09) <input type="radio"/> Government (10) <input type="radio"/> Farm Use (11)						<input type="radio"/> U-Drive (12) <input type="radio"/> School Bus (13) <input type="radio"/> Other Bus (14) <input checked="" type="radio"/> Other (15)						<input checked="" type="radio"/> None (00) <input type="radio"/> Boat (01) <input type="radio"/> Flatbed (02) <input type="radio"/> Horse (03)						<input type="radio"/> Livestock (04) <input type="radio"/> House (05) <input type="radio"/> Van/Encl. Box (06) <input type="radio"/> Dump (07)						<input type="radio"/> Veh. Tow Veh. (08) <input type="radio"/> Other (09) <input type="radio"/> N/A (10)					

Officer's Initials: **ACP**

Supervisor's Initials: **LP**

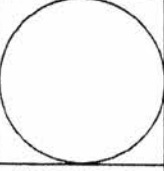
STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: **18-046052**

UNIT INFORMATION (Cont.)																																			
Unit No. 01																																			
(89) Citations		(90) Est. Damages		(91) Extent of Damage																															
Citation Number	Offense Code (H.R.S./R.O. Section No.)	<input type="radio"/> \$3,000 or Greater (01) <input checked="" type="radio"/> Less than \$3,000 (02)		<input type="radio"/> None (00) <input type="radio"/> Functional (02) <input checked="" type="radio"/> Minor (01) <input type="radio"/> Disabling (03)																															
				(92) Is this a CMV or Other QUALIFYING Vehicle? <input type="radio"/> No (01) <input type="radio"/> Yes (02) If yes, go to CMV SUPPLEMENT																															
		(95A) Object (1) Struck/Damage Description		(96A) Object (2) Struck/Damage Description																															
(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below:  <p style="text-align: center;">Circle Damaged Areas 5</p>		UTILITY POLE #55																																	
		(95B) (Object 1) Owner's Name		(96B) (Object 2) Owner's Name																															
		MAUI ELECTRIC COMPANY																																	
		(95C) (Object 1) Owner's Phone Number		(96C) (Object 2) Owner's Phone Number																															
		(808) 871-7777																																	
		(95D) Estimated Damages to Object 1		(96D) Estimated Damages to Object 2																															
		<input checked="" type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)		<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)																															
(94) Direction																																			
From To																																			
5 1																																			
(97) Motor Vehicle Maneuver/Action			(98) Reason for Maneuver		(99) Traffic Control Device Type																														
<input type="radio"/> Straight Ahead (01) <input type="radio"/> Parking (07) <input type="radio"/> Turning Left (14) <input type="radio"/> Changing Lanes (02) <input type="radio"/> Parked (08) <input type="radio"/> U-Turn (15) <input type="radio"/> Merging (03) <input type="radio"/> Start from Parked (09) <input type="radio"/> Entering Traffic (16) <input type="radio"/> Overtaking/Passing (04) <input type="radio"/> Stopped in Traffic (10) <input type="radio"/> Negotiating a Curve (17) <input type="radio"/> Slowing/Stopping (05) <input type="radio"/> Right Turn on Red (12) <input type="radio"/> Other (18) <input checked="" type="radio"/> Backing (06) <input type="radio"/> Turning Right (13)			<input checked="" type="radio"/> Intended Maneuver (01) <input type="radio"/> Avoid Pedestrian (05) <input type="radio"/> Traffic Controls (02) <input type="radio"/> Avoid Bicycle (06) <input type="radio"/> Mechanical Failure (03) <input type="radio"/> Avoid Obj./Animal (07) <input type="radio"/> Avoid Other Vehicle (04) <input type="radio"/> Avoid Prior MVA (08) <input type="radio"/> Other (09)		<input checked="" type="radio"/> No Controls (00) <input type="radio"/> School Zone Sign/Device (07) <input type="radio"/> Traffic Signal (01) <input type="radio"/> Warning Sign (08) <input type="radio"/> Stop Sign (02) <input type="radio"/> Railway X-ing Device (09) <input type="radio"/> Yield Sign (03) <input type="radio"/> Flashing Red (04) <input type="radio"/> Flashing Amber (05) <input type="radio"/> Other (10) <input type="radio"/> Person (06)																														
(100) Traffic Control Condition		(101) Guidance/Pavement Markings		(102) Delineator Present	(103) Bikeway																														
<input checked="" type="radio"/> Functioning Properly (01) <input type="radio"/> Green Malfunction (06) <input type="radio"/> Knocked Down (02) <input type="radio"/> Arrow Malfunction (07) <input type="radio"/> Obscured (03) <input type="radio"/> Lights Not Changing (08) <input type="radio"/> Red Malfunction (04) <input type="radio"/> Other Malfunction (09) <input type="radio"/> Yellow Malfunction (05)		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Lft</td> <td style="width: 50%; border: none;">Rgt</td> </tr> <tr> <td style="border: none;">None (00) <input checked="" type="radio"/></td> <td style="border: none;">No Passing, Yellow (06) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid Yellow (01) <input type="radio"/></td> <td style="border: none;">Curb/Median, Etc. (07) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Skip-Dash Yellow (02) <input type="radio"/></td> <td style="border: none;">Bikeway Marking (08) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid White (03) <input type="radio"/></td> <td style="border: none;">Crosswalk Marking (09) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Skip-Dash White (04) <input type="radio"/></td> <td style="border: none;">Turn Lane (10) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid Double Yellow (05) <input type="radio"/></td> <td style="border: none;"></td> </tr> </table> </td> <td style="width: 50%; border: none;"> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Lft</td> <td style="width: 50%; border: none;">Rgt</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table> </td> </tr> </table>		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Lft</td> <td style="width: 50%; border: none;">Rgt</td> </tr> <tr> <td style="border: none;">None (00) <input checked="" type="radio"/></td> <td style="border: none;">No Passing, Yellow (06) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid Yellow (01) <input type="radio"/></td> <td style="border: none;">Curb/Median, Etc. (07) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Skip-Dash Yellow (02) <input type="radio"/></td> <td style="border: none;">Bikeway Marking (08) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid White (03) <input type="radio"/></td> <td style="border: none;">Crosswalk Marking (09) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Skip-Dash White (04) <input type="radio"/></td> <td style="border: none;">Turn Lane (10) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid Double Yellow (05) <input type="radio"/></td> <td style="border: none;"></td> </tr> </table>	Lft	Rgt	None (00) <input checked="" type="radio"/>	No Passing, Yellow (06) <input type="radio"/>	Solid Yellow (01) <input type="radio"/>	Curb/Median, Etc. (07) <input type="radio"/>	Skip-Dash Yellow (02) <input type="radio"/>	Bikeway Marking (08) <input type="radio"/>	Solid White (03) <input type="radio"/>	Crosswalk Marking (09) <input type="radio"/>	Skip-Dash White (04) <input type="radio"/>	Turn Lane (10) <input type="radio"/>	Solid Double Yellow (05) <input type="radio"/>		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Lft</td> <td style="width: 50%; border: none;">Rgt</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	Lft	Rgt													<input checked="" type="radio"/> None (00) <input type="radio"/> Right (01) <input type="radio"/> Left (02) <input type="radio"/> Both Sides (03)	<input checked="" type="radio"/> None (00) <input type="radio"/> Bike Route [Signed] (01) <input type="radio"/> Bike Lane Stripe (02) <input type="radio"/> Separate Path/Lane (03)
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Lft</td> <td style="width: 50%; border: none;">Rgt</td> </tr> <tr> <td style="border: none;">None (00) <input checked="" type="radio"/></td> <td style="border: none;">No Passing, Yellow (06) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid Yellow (01) <input type="radio"/></td> <td style="border: none;">Curb/Median, Etc. (07) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Skip-Dash Yellow (02) <input type="radio"/></td> <td style="border: none;">Bikeway Marking (08) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid White (03) <input type="radio"/></td> <td style="border: none;">Crosswalk Marking (09) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Skip-Dash White (04) <input type="radio"/></td> <td style="border: none;">Turn Lane (10) <input type="radio"/></td> </tr> <tr> <td style="border: none;">Solid Double Yellow (05) <input type="radio"/></td> <td style="border: none;"></td> </tr> </table>	Lft	Rgt	None (00) <input checked="" type="radio"/>	No Passing, Yellow (06) <input type="radio"/>	Solid Yellow (01) <input type="radio"/>	Curb/Median, Etc. (07) <input type="radio"/>	Skip-Dash Yellow (02) <input type="radio"/>	Bikeway Marking (08) <input type="radio"/>	Solid White (03) <input type="radio"/>	Crosswalk Marking (09) <input type="radio"/>	Skip-Dash White (04) <input type="radio"/>	Turn Lane (10) <input type="radio"/>	Solid Double Yellow (05) <input type="radio"/>		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;">Lft</td> <td style="width: 50%; border: none;">Rgt</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	Lft	Rgt																		
Lft	Rgt																																		
None (00) <input checked="" type="radio"/>	No Passing, Yellow (06) <input type="radio"/>																																		
Solid Yellow (01) <input type="radio"/>	Curb/Median, Etc. (07) <input type="radio"/>																																		
Skip-Dash Yellow (02) <input type="radio"/>	Bikeway Marking (08) <input type="radio"/>																																		
Solid White (03) <input type="radio"/>	Crosswalk Marking (09) <input type="radio"/>																																		
Skip-Dash White (04) <input type="radio"/>	Turn Lane (10) <input type="radio"/>																																		
Solid Double Yellow (05) <input type="radio"/>																																			
Lft	Rgt																																		
(104) Vehicle Factors (Select Up to 2)		(105) Vision Obstruction (Select up to 2)		(106) Human Factors (Select up to 2)																															
<input checked="" type="radio"/> None (00) <input type="radio"/> Suspension (08) <input type="radio"/> Worn Tires (01) <input type="radio"/> Wheels (09) <input type="radio"/> Tire Failure (02) <input type="radio"/> Power Train (10) <input type="radio"/> Brakes (03) <input type="radio"/> Window/Windshield (11) <input type="radio"/> Headlights (04) <input type="radio"/> Mirrors (12) <input type="radio"/> Taillights (05) <input type="radio"/> Wipers (13) <input type="radio"/> Signals (06) <input type="radio"/> Trailer Coupling (14) <input type="radio"/> Steering (07) <input type="radio"/> Other (15)		<input checked="" type="radio"/> None (00) <input type="radio"/> Glare (06) <input type="radio"/> Trees/Brush/Fence (01) <input type="radio"/> Weather Condition (07) <input type="radio"/> Embankment (02) <input type="radio"/> Pedestrian (08) <input type="radio"/> Building (03) <input type="radio"/> Animal(s) in Road (09) <input type="radio"/> Moving Vehicle (04) <input type="radio"/> Other (10) <input type="radio"/> Parked/Stopped Vehicle (05)		<input type="radio"/> None (00) <input type="radio"/> Illness (06) <input type="radio"/> Inattention (01) <input type="radio"/> Legal Meds. (07) <input checked="" type="radio"/> Misjudgment (02) <input type="radio"/> Emotional (08) <input type="radio"/> Fatigue (03) <input type="radio"/> Phys. Impaired (09) <input type="radio"/> Alcohol (04) <input checked="" type="radio"/> Other (10) <input type="radio"/> Illegal Drugs (05)																															
				(107) Driver Distracted By																															
				<input checked="" type="radio"/> Not Distracted (00) <input type="radio"/> Cellular Phone (01) <input type="radio"/> Other Elect. Comm. Device (02) <input type="radio"/> Other Electronic Device (03) <input type="radio"/> Other Inside Vehicle (04) <input type="radio"/> Other Outside Vehicle (05) <input type="radio"/> Other Occupant (06)																															
(108) Other Factors (Select up to 4)				(109) Roadway Comp.																															
<input type="radio"/> No Improper Action (00) <input type="radio"/> Failure to Yield (06) <input type="radio"/> Improper Backing (13) <input checked="" type="radio"/> Other Improper Action (18) <input type="radio"/> Drove too Fast for Conditions (01) <input type="radio"/> Wrong Side/Way (07) <input type="radio"/> Followed too Closely (14) <input type="radio"/> Illegally in Roadway (19) <input type="radio"/> Exceed Posted Speed Limit (02) <input type="radio"/> Crossed Centerline (08) <input type="radio"/> Aggressive, Reckless Driving (15) <input type="radio"/> Improper Crossing (20) <input type="radio"/> Disregard Traffic Signals (03) <input type="radio"/> Ran off Road (09) <input type="radio"/> Pedestrian Viol. (21) <input type="radio"/> Disregard Red Light (04) <input type="radio"/> Failure to Keep in Proper Lane (10) <input type="radio"/> Swerved to Avoid Obstacle (16) <input type="radio"/> Inattention [Talking, Etc.] (22) <input type="radio"/> Disregard Other Trfc. Ctrl. Dev. (05) <input type="radio"/> Improper Turn (11) <input type="radio"/> Over Correcting or Over Steering (17) <input type="radio"/> Bicycle Violation (23) <input type="radio"/> <input type="radio"/> Improper Passing (12) <input type="radio"/> Clothing not Visible (24)				<input type="radio"/> Concrete (01) <input checked="" type="radio"/> Asphalt (02) <input type="radio"/> Gravel (03) <input type="radio"/> Dirt (04) <input type="radio"/> Other (05)																															
				(110) Roadway Surface																															
				<input checked="" type="radio"/> Dry (01) <input type="radio"/> Slush (07) <input type="radio"/> Wet (02) <input type="radio"/> Ice/Frost (08) <input type="radio"/> Mud, Dirt, Gravel (03) <input type="radio"/> Water (09) <input type="radio"/> Debris (04) <input type="radio"/> Sand (10) <input type="radio"/> Oil (05) <input type="radio"/> Snow (06)																															
(111) Other Roadway Conditions			(112) Roadway Alignment (Horizontal)		(113) Roadway Alignment (Vertical)																														
<input checked="" type="radio"/> None (00) <input type="radio"/> Low Shoulder (03) <input type="radio"/> Loose Material (06) <input type="radio"/> Ruts, Holes, Etc. (01) <input type="radio"/> Soft Shoulder (04) <input type="radio"/> Worn, Polished (07) <input type="radio"/> No Shoulder (02) <input type="radio"/> High Shoulder (05) <input type="radio"/> Other (08)			<input checked="" type="radio"/> Straight (01) <input type="radio"/> Curve Left (02) <input type="radio"/> Curve Right (03)		<input type="radio"/> Level (01) <input type="radio"/> Downhill (04) <input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05) <input type="radio"/> Uphill (03)																														
Officer's Rank and Name		Officer's ID Number	Date/Time	Supervisor's Rank and Name																															
PO2 PAGAN, ALEX C		15436	11/8/18 10:34	SGTD1 PAGADUAN, LAWRENCE III																															
		Supervisor's ID Number	Date/Time																																
		10218	11/8/18 11:50																																

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: **18-046052**

(114) Tire Skid Marks (Feet)						(115) REFERENCE POINT				
Wheel	Unit	Unit	Unit	Unit	IS	(feet) (direction) (Object/Landmark)				
Rgt-R	0					ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE				
Lft-F	0					Object	N	S	E	W
Rgt-F	0									
Lft-R	0									
(116) Intersection Related										
● No (01) ○ Yes (02)										
(117) Main Road										
(A) No. of Lanes		(B) Speed Limit				(119) Indicate the Type of Intersection (Check one)				
2		20				<input type="radio"/> Not at Intersection (01) <input type="radio"/> "Y" Intersection (04) <input type="radio"/> Roundabout (07) <input type="radio"/> 4-Way Intersection (02) <input type="radio"/> Part of Interchange (05) <input type="radio"/> 5 (or more legs) Intersection (08) <input type="radio"/> "T" Intersection (03) <input type="radio"/> Traffic Circle (06) <input type="radio"/> Other (09)				
(118) Side Road										
(A) No. of Lanes		(B) Speed Limit								
										
Draw Object, Directions, Etc. According to Current Practices.						Place an arrow in the above circle to indicate North.				

Synopsis (Accident Description. Refer to units by number):

On 11/06/2018 at approximately 1000 hours, Ernest MENDES was operating County of Maui owned garbage truck bearing license plates CM2575 in the are of 4899 Lower Kula Road in Kula. While traveling south on Lower Kula Road, a nearby resident flagged him down and

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 PAGAN, ALEX C	15436	11/8/18 10:34	SGTD1 PAGADUAN, LAWRENCE III	10218	11/8/18 11:50

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-046052

Synopsis (continued)

brought out a garbage bin to the roadside. MENDES reversed the garbage truck and collided into utility pole #55. Damages to Unit-1 are estimated to be less than \$3,000.00 and no injuries were reported. Damages to utility pole #55 are estimated to be more than \$3,000.00.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 PAGAN, ALEX C	15436	11/8/18 10:34	SGTD1 PAGADUAN, LAWRENCE III	10218	11/8/18 11:50

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: **18-046052**

(120) ALL PERSONS

E- Ejection 00 Not Ejected 01 Ejected, Total 02 Ejected, Partial 03 N/A Non-motorist 04 Unknown	H- Injury Class 00 None 01 Possible 02 Non-incapacitating 03 Incapacitating 04 Fatal 05 Unknown	I- Injury Area 00 None 01 Head 02 Face 03 Eye 04 Neck 05 Thorax (Chest) 06 Spine/Back 07 Shoulder/Upper Arm 08 Elbow/Lower Arm/Hand 09 Abdomen/Pelvis 10 Hip/Upper Leg 11 Knee/Lower Leg/Foot 12 Entire Body	J- Accident Site Care 00 None 01 First Aid 02 Resuscitation 03 Extrication 04 Both 1 & 2 05 Both 1 & 3 06 Both 2 & 3 07 Other 08 Refused	L- Medical Facility <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp. </td> <td style="width: 33%; border: none;"> Molokai/Lanai 11 Molokai General Hosp. 12 Lanai Comm. Hospital Kauai County 13 Wilcox Memorial Hosp. 14 Kauai Vet. Mem. Hosp. </td> <td style="width: 33%; border: none;"> C&C Honolulu (cont.) 20 Kaneohe State Hospital 21 Kapiolani Medical Ctr. 22 Kapiolani Med. - Pali Mom 23 Kuakini Med. Ctr. 24 Hawaii Med. Ctr. 25 Hawaii Med. Ctr. West 26 Queen's Medical Center 27 Straub Clinic & Hosp. 28 Tripler Army Med. Ctr. 29 Wahiawa General Hosp. 30 Waianae Comp. Ctr. </td> </tr> <tr> <td style="border: none;"> Maui County 07 Kula General Hospital 08 Maui Mem. Med. Ctr. 09 Kaiser Clinic 10 Hana Clinic </td> <td style="border: none;"> C&C Honolulu 15 Castle Medical Center 16 Shriner's Hosp. for Children 17 Kahuku Hospital 18 Kaiser Permanente 19 Kaiser Clinic - Honolulu </td> <td style="border: none;"> 99 Other </td> </tr> </table>			Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp.	Molokai/Lanai 11 Molokai General Hosp. 12 Lanai Comm. Hospital Kauai County 13 Wilcox Memorial Hosp. 14 Kauai Vet. Mem. Hosp.	C&C Honolulu (cont.) 20 Kaneohe State Hospital 21 Kapiolani Medical Ctr. 22 Kapiolani Med. - Pali Mom 23 Kuakini Med. Ctr. 24 Hawaii Med. Ctr. 25 Hawaii Med. Ctr. West 26 Queen's Medical Center 27 Straub Clinic & Hosp. 28 Tripler Army Med. Ctr. 29 Wahiawa General Hosp. 30 Waianae Comp. Ctr.	Maui County 07 Kula General Hospital 08 Maui Mem. Med. Ctr. 09 Kaiser Clinic 10 Hana Clinic	C&C Honolulu 15 Castle Medical Center 16 Shriner's Hosp. for Children 17 Kahuku Hospital 18 Kaiser Permanente 19 Kaiser Clinic - Honolulu	99 Other	
Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp.	Molokai/Lanai 11 Molokai General Hosp. 12 Lanai Comm. Hospital Kauai County 13 Wilcox Memorial Hosp. 14 Kauai Vet. Mem. Hosp.	C&C Honolulu (cont.) 20 Kaneohe State Hospital 21 Kapiolani Medical Ctr. 22 Kapiolani Med. - Pali Mom 23 Kuakini Med. Ctr. 24 Hawaii Med. Ctr. 25 Hawaii Med. Ctr. West 26 Queen's Medical Center 27 Straub Clinic & Hosp. 28 Tripler Army Med. Ctr. 29 Wahiawa General Hosp. 30 Waianae Comp. Ctr.											
Maui County 07 Kula General Hospital 08 Maui Mem. Med. Ctr. 09 Kaiser Clinic 10 Hana Clinic	C&C Honolulu 15 Castle Medical Center 16 Shriner's Hosp. for Children 17 Kahuku Hospital 18 Kaiser Permanente 19 Kaiser Clinic - Honolulu	99 Other											
F- Safety Equipment Use 00 Not Present 01 Not Used 02 Shoulder/Lap Belt Used 03 Lap Belt Only Used 04 Shoulder Belt Only Used 05 Not Able to Determine 06 Child Restraint (Forward) 07 Child Restraint (Rear) 08 Booster Seat 09 Child Restraint (Unk. Type) 10 Child Restraint (Improper) 11 Helmet Used 12 N/A (Non-Motorist) 13 Unknown	<p style="text-align: center;">Motor Vehicle For lap position use 1 in place of 0</p>			K- Trans. to Med. Facility 00 Not Transported 01 EMS 02 Police 03 Helicopter 04 Private Vehicle 05 Other	B- Position in Unit <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> Motorcycle/Moped/Bicycle 13 </td> <td style="width: 33%; border: none;"> 12 </td> <td style="width: 33%; border: none;"> Pedestrian 15 </td> </tr> <tr> <td style="border: none;"> 14 </td> <td colspan="2" style="border: none;"></td> </tr> </table>			Motorcycle/Moped/Bicycle 13	12	Pedestrian 15	14		
Motorcycle/Moped/Bicycle 13	12	Pedestrian 15											
14													
G- Air Bag Deployed 00 Not Present 01 Not Deployed 02 Deployed - Front 03 Deployed - Side 04 Deployed - Other 05 Deployed - Combination 06 Deployed - Curtain				M- Condition 01 Refused Treatment 02 Released 03 Good, Fair 04 Serious, Guarded 05 Critical 06 Dead on Arrival 07 Dead Other									

Name and Address	A Unit	B Posit.	C Age	D Sex	E Eject	F Safety	G Air Bag	H Injury	I Area	J Care	K Trans	L Hosp.	M Cond.	N EMS No.
MENDES, ERNEST RODRIGUES III 748 ONIPAA PL, MAKAWAO, HI 96768	01	10	53	M	00	02	01	00						
Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name		Supervisor's ID Number		Date/Time							
PO2 PAGAN, ALEX C	15436	11/8/18 10:34	SGTD1 PAGADUAN, LAWRENCE III		10218		11/8/18 11:50							

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-046052

Narrative

Ofc. A. PAGAN E#15436
D-1, 1 Bravo 33, Upcountry
Wailuku Patrol Division

ASSIGNMENT / ARRIVAL:

On 11/06/2018 at approximately 1028 hours I was assigned by Central Dispatch to respond to the area of 4899 Lower Kula Road in Kula, regarding a Motor Vehicle Accident.

Dispatch advised me that a garbage truck hit a telephone pole.

I arrived on scene at approximately 1043 hours.

UNIT-1 STATEMENT: MENDES, Ernest A/M/CAU/CIT

Ernest MENDES provided the following statement on scene of the accident.

MENDES works as a refuse driver for the County of Maui-solid waste refuse department.

On 11/06/2018 at approximately 1000 hours, MENDES was operating County of Maui owned vehicle bearing license plates CM2575 in the area of 4899 Lower Kula Road in Kula. While traveling south on Lower Kula Road, a nearby resident flagged him down and brought out a garbage bin to the roadside. MENDES reversed the garbage truck and collided into telephone pole #55.

MENDES was not injured from the collision.

INJURIES:

MENDES stated that he was not injured and no injuries were observed.

UNIT-1 INFORMATION:

Make / Model / Year: AUTC / MSTR / 2016
Color: White
License Plate / VIN: CM2575 / 5VCACRUF4GH222411
Registered Owner: County of Maui-Solid Waste Refuse

UNIT-1 DAMAGES:

Unit-1 sustained minor scratches/dents to the rear of the driver side.

PROPERTY DAMAGE:

Damage to utility pole #55 is estimated at over \$3,000.00.

SKETCH:

Sketch attached in I/LEADS.

CONCLUSION:

On 11/06/2018 at approximately 1000 hours, Ernest MENDES was operating County of Maui owned garbage truck bearing license plates CM2575 in the are of 4899 Lower Kula Road in Kula. While traveling south on Lower Kula Road, a nearby resident flagged him down and brought out a garbage bin to the roadside. MENDES reversed the garbage truck and collided

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 PAGAN, ALEX C	15436	11/8/18 10:34	SGTD1 PAGADUAN,	10218	11/8/18 11:50

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-046052

Narrative

into utility pole #55. Damages to Unit-1 are estimated to be less than \$3,000.00 and no injuries were reported. Damages to utility pole #55 are estimated to be more than \$3,000.00.

DISPOSITION:

Records.

Submitted by,

Officer Alex PAGAN
Wailuku Patrol Division
11/08/18 1027 Hours

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 PAGAN, ALEX C	15436	11/8/18 10:34	SGTD1 PAGADUAN,	10218	11/8/18 11:50