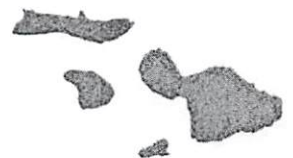
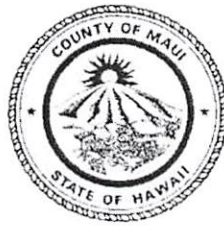


MICHAEL P. VICTORINO
Mayor

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

RECEIVED
2022 JUN 16 PM 12:48
OFFICE OF THE
COUNTY CLERK

June 16, 2022

MEMO TO: Alice L. Lee, Council Chair
Maui County Council

FROM: Caleb P. Rowe, Deputy Corporation Counsel 

SUBJECT: Litigation Matters
Settlement of Claim: Craig Clove
John Mullen Claim No.: 4056092

Pursuant to Section 3.16.020B of the Maui County Code, our department hereby requests authorization to discuss settlement of the aforementioned claim. It is anticipated that an executive session may be necessary to discuss questions and issues pertaining to the powers, duties, privileges, immunities, and liabilities of the County, the Council, and the Committee. There is no immediate deadline to this matter.

Copies of the claim and proposed resolution are enclosed. We request that a representative from the Maui Police Department 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: John Pelletier, Police Chief
Maui Police Department

COUNTY OF MAUI

RECEIVED

CLAIM FOR DAMAGE OR INJURY

2020 MAR 16 PM 3:45

PLEASE PRINT CLEARLY

OFFICE OF THE COUNTY CLERK

1. Claimant: Mr. Mrs. Ms. Craig A. Clove

2. Address: c/o Lowenthal & Lowenthal, LLLC, 33 N. Market St., Ste. 101 Wailuku

3. Telephone No.: Business 808-242-5000 Residence _____

4. Date of Accident: 2/19/2020

5. Location of Accident: Honoapiilani Hwy, Lahaina, Route 30; Mile Post 19

6. Amount of Claim: Property Damage \$ TBD Personal Injury \$ TBD

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.
On 2/19/2020, Mr. Craig A. Clove was traveling southbound on Honoapiilani Highway on his motorcycle, when Vehicle MPD757 pulled onto the roadway from the makai shoulder causing Mr. Clove to suddenly brake and lose control of his motorcycle. Mr. Cove suffered sever injuries to his back, right forearm, upper ribs, right hand, and left elbow. Additionally, Mr. Clove's motorcycle sustained damages to the front right headlight, right side body panels and plastic fairings.

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

GEICO

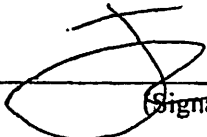
Policy No. 4312-22-81-50

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

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

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)

3/12/2020

(Date)

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Page 1 of 9 DOT 1-174A (HWY-T) Rev 06/08

Report Number 20-006893

(1) Crime Code		(2) County		(3) District		(4) Beat		(5) Watch		(6) Date/Time/Day Occurred			(7) Date/Time/Day Reported																					
		MAI		4		10		1		02/19/2020 23:37 WE			02/19/2020 23:37																					
(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 checked="" type="radio"/> Yes (02)	<input type="radio"/> None (00) <input type="radio"/> Tunnel (02) <input type="radio"/> Bridge (01) <input type="radio"/> Ramp (03)																				
		0	1	0	0	0	2	0	1																									
(16) Times Police			(18) Weather Conditions (Select up to 2)						(19) Light/Lighting																									
Sent: 23:37			<input type="radio"/> Clear (01) <input type="radio"/> Hazy, Fog, Smoke (04) <input type="radio"/> Snow (07) <input type="radio"/> Cloudy (02) <input type="radio"/> Windy, Severe Crosswind (05) <input type="radio"/> Blowing Sand/Soil (08) <input type="radio"/> Rain (03) <input type="radio"/> Sleet/Hail (06) <input type="radio"/> Unknown (09)						<input type="radio"/> Daylight (01) <input type="radio"/> Spot Illumination (04) <input type="radio"/> Dark /No Lights (07) <input type="radio"/> Dawn (02) <input type="radio"/> Continuous Lighting (05) <input checked="" type="radio"/> Dark/Unknown (08) <input type="radio"/> Dusk (03) <input type="radio"/> Dark/Lights off (06) <input type="radio"/> Unknown (09)																									
Arrive: 23:37																																		
(17) Times EMS			(20) Location			(21) Traffic Level			(22) Trafficway Description			(23) GPS Location																						
Sent: 23:39			<input type="radio"/> School (01) <input type="radio"/> Recreational (05) <input type="radio"/> Business (02) <input type="radio"/> Farm/Fields (06) <input type="radio"/> Residential (03) <input checked="" type="radio"/> No Development (07) <input type="radio"/> Industrial (04) <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, Divided, Median Barrier (04) <input type="radio"/> 2-Way, Undivided with Cont. Left Turn Lane (02) <input type="radio"/> 1-Way Trafficway (05) <input type="radio"/> 2-Way, Divided, Unprotected Median (03) <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																								
HONOAPIHLANI HWY							LAHAINA			<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.)																											
30		19		172 FEET SOUTH OF			MILE POST 19																											
(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 Bndge Overhead Structure 26 Bridge Pier or Support 27 Bndge 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.						
12 Enter the Location of the FIRST HARMFUL EVENT (31A)							1 Enter the Sequence number of the FIRST HARMFUL EVENT (31C)																											
1 Enter the Sequence number of the MOST HARMFUL EVENT (31D)																																		
(31) Sequence of Events																																		
#	Unit	Unit/D	(31B) Action	#	Unit	Unit/D	(31B) Action																											
1	01	00	76																															
Officer's Rank and Name			Officer's ID Number			Date/Time			Supervisor's Rank and Name			Supervisor's ID Number			Date/Time																			
SGTRD VAITUULALA, MICHAEL G			13964			2/22/20 05:35			SGTRD VAITUULALA, MICHAEL G			13964			3/6/20 10:50																			

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number 20-006893

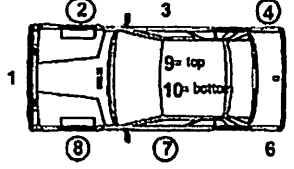
(32) Unit No. (33) No. of Occ.		UNIT INFORMATION																																																			
01	1	(34) Unit Class						(35) Race																																													
<input type="radio"/> Passenger Car (01) <input type="radio"/> Passenger Van (02) <input type="radio"/> Pickup Truck (03) <input type="radio"/> SUV/MPV (04) <input type="radio"/> Cargo Van < 10,001 lbs (05) <input type="radio"/> Other Truck < 10,001 lbs (06) <input type="radio"/> Truck > 10,001 lbs (07) <input type="radio"/> Transit Bus (08)		<input type="radio"/> School Bus (09) <input type="radio"/> Other Bus (10) <input checked="" 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																																														
CLOVE		CRAIG		A	<input checked="" type="radio"/> M (01) <input type="radio"/> F (02)		[REDACTED]																																														
(41) Street No.		(42) Street Name				(43) St., Pl., Blvd., Etc.		(44) Apt./Suite Number																																													
(45) City		(46) State		(47) Zip Code		(48) Home Phone Number																																															
(49) Occupation		(50) Employer/Company Name						(51) Work Phone Number																																													
<input type="radio"/> Unemployed (01) <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 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 checked="" type="radio"/> Other (19) <input type="radio"/> Not Stated (20)		CHEESEBURGER IN PARADISE						(52) Other Phone/Pager Number																																									
(85) SFST GIVEN		(86) SFST RESULTS		(63) Driver's License Number		(64) St./Juris.	(65) Class	(66) Restrict.	(67) 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)		H01121147		HI	3	NONE	NONE																																												
(87) Alcohol Test Results		(88) Drug Test Results		(58) CDL Type		(59) Driver's License Status																																															
<input checked="" type="radio"/> None (01) <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 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"/> Expired (05) <input type="radio"/> Permit (09) <input type="radio"/> Not Licensed (02) <input type="radio"/> Revoked (06) <input type="radio"/> Disqualified (CDL) (10) <input type="radio"/> Canceled (03) <input type="radio"/> Suspended (07) <input type="radio"/> Provisional (08) <input type="radio"/> Denied (04) <input type="radio"/> Provisional (08)																																															
(87A) Status		(87B) Type		(87C) Results		(60) Insurance Policy Number		(61) Exp. Date	(62) Insurance Carrier																																												
<input checked="" type="radio"/> None (01) <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)		[REDACTED]		11/15/2020	GEICO INS																																												
(88A) Status		(88B) Type		(88C) Results		(63) Registered Owner Name		(64) Phone Number																																													
<input checked="" type="radio"/> None (01) <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)		CLOVE, CRAIG A		[REDACTED]																																													
(88A) Status		(88B) Type		(88C) Results		(65) Str. No.		(66) Street Name		(67) St. Pl.	(68) Ste.#																																										
<input checked="" type="radio"/> None (01) <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)																																																	
(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.																																									
2013		WHI GRY		BMW (GERMANY)		MOTORCYCLE		209MVU				HI																																									
(80) Vehicle VIN Number										(81) Emer. Veh. In Use		(82) Vehicle Stolen																																									
W B 1 0 B 1 2 0 Z D Z L 0 5 9 5 0										<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 checked="" 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"/> Tow Truck (05) <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 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/End. Box (06) <input type="radio"/> Dump (07)						<input type="radio"/> Bus (10) <input type="radio"/> PCMC (11) <input checked="" type="radio"/> M-Scooter (12) <input type="radio"/> Other (15)						<input type="radio"/> Moped (13) <input type="radio"/> Bicycle (14)						<input type="radio"/> Veh. Tow Veh. (08) <input type="radio"/> Other (09) <input type="radio"/> N/A (10)					

Officer's Initials: MGW

Supervisor's Initials: MGW

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: **20-006893**

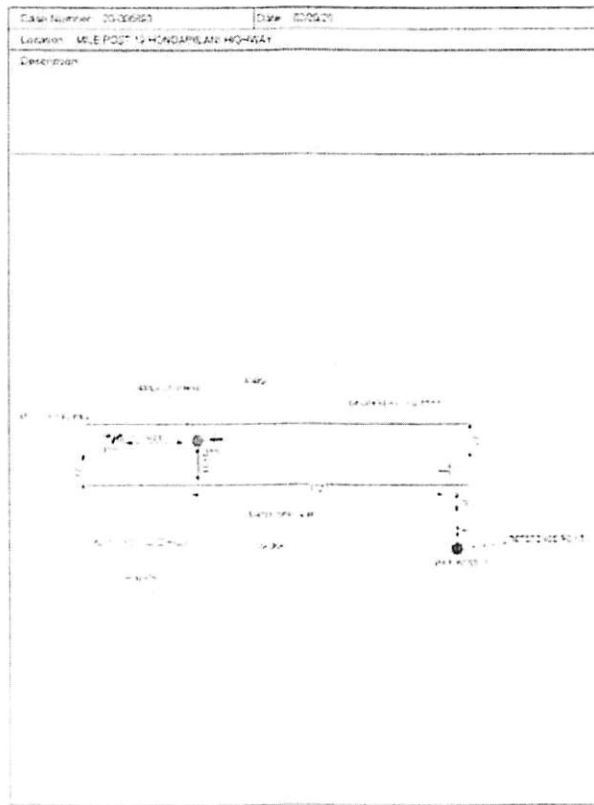
Unit No. 01		UNIT INFORMATION (Cont.)																															
(89) Citations		(90) Est. Damages		(91) Extent of Damage		(92) Is this a CMV or Other QUALIFYING Vehicle? <input type="radio"/> No (01) <input type="radio"/> Yes (02) If yes, go to CMV SUPPLEMENT																											
Citation 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)																													
(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below: <div style="display: flex; align-items: center; justify-content: center;">  <div style="margin-left: 20px;"> <table border="1" style="border-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">(94) Direction</th></tr> <tr><th style="text-align: center;">From</th><th style="text-align: center;">To</th></tr> <tr><td style="text-align: center;">1</td><td style="text-align: center;">5</td></tr> </table> </div> </div> <p style="text-align: center;">Circle Damaged Areas</p>		(94) Direction		From	To	1	5	(95A) Object (1) Struck/Damage Description		(96A) Object (2) Struck/Damage Description																							
		(94) Direction																															
		From	To																														
		1	5																														
		(95B) (Object 1) Owner's Name		(95E) (Object 2) Owner's Name																													
(95C) (Object 1) Owner's Phone Number		(95F) (Object 2) Owner's Phone Number																															
(95D) Estimated Damages to Object 1		(95G) Estimated Damages to Object 2																															
<input type="radio"/> \$3,000 or Greater (01) <input checked="" type="radio"/> Less than \$3,000 (02)		<input type="radio"/> \$3,000 or Greater (01) <input checked="" type="radio"/> Less than \$3,000 (02)																															
(97) Motor Vehicle Maneuver/Action			(98) Reason for Maneuver		(99) Traffic Control Device Type																												
<input checked="" 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 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-collapse: collapse;"> <tr><th colspan="2" style="text-align: center;">Lft</th><th colspan="2" style="text-align: center;">Rgt</th></tr> <tr><td style="text-align: center;">None (00)</td><td><input type="radio"/></td><td style="text-align: center;">None (00)</td><td><input type="radio"/></td></tr> <tr><td style="text-align: center;">Solid Yellow (01)</td><td><input type="radio"/></td><td style="text-align: center;">No Passing, Yellow (06)</td><td><input type="radio"/></td></tr> <tr><td style="text-align: center;">Skip-Dash Yellow (02)</td><td><input type="radio"/></td><td style="text-align: center;">Curb/Median, Etc. (07)</td><td><input type="radio"/></td></tr> <tr><td style="text-align: center;">Solid White (03)</td><td><input type="radio"/></td><td style="text-align: center;">Bikeway Marking (08)</td><td><input type="radio"/></td></tr> <tr><td style="text-align: center;">Skip-Dash White (04)</td><td><input type="radio"/></td><td style="text-align: center;">Crosswalk Marking (09)</td><td><input type="radio"/></td></tr> <tr><td style="text-align: center;">Solid Double Yellow (05)</td><td><input type="radio"/></td><td style="text-align: center;">Turn Lane (10)</td><td><input type="radio"/></td></tr> </table>		Lft		Rgt		None (00)	<input type="radio"/>	None (00)	<input type="radio"/>	Solid Yellow (01)	<input type="radio"/>	No Passing, Yellow (06)	<input type="radio"/>	Skip-Dash Yellow (02)	<input type="radio"/>	Curb/Median, Etc. (07)	<input type="radio"/>	Solid White (03)	<input type="radio"/>	Bikeway Marking (08)	<input type="radio"/>	Skip-Dash White (04)	<input type="radio"/>	Crosswalk Marking (09)	<input type="radio"/>	Solid Double Yellow (05)	<input type="radio"/>	Turn Lane (10)	<input type="radio"/>	<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)
Lft		Rgt																															
None (00)	<input type="radio"/>	None (00)	<input type="radio"/>																														
Solid Yellow (01)	<input type="radio"/>	No Passing, Yellow (06)	<input type="radio"/>																														
Skip-Dash Yellow (02)	<input type="radio"/>	Curb/Median, Etc. (07)	<input type="radio"/>																														
Solid White (03)	<input type="radio"/>	Bikeway Marking (08)	<input type="radio"/>																														
Skip-Dash White (04)	<input type="radio"/>	Crosswalk Marking (09)	<input type="radio"/>																														
Solid Double Yellow (05)	<input type="radio"/>	Turn Lane (10)	<input type="radio"/>																														
(104) Vehicle Factors (Select up to 2)		(105) Vision Obstruction (Select up to 2)		(106) Human Factors (Select up to 2)		(107) Driver Distracted By																											
<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 (08) <input type="radio"/> Trees/Bush/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 checked="" type="radio"/> None (00) <input type="radio"/> Illness (06) <input type="radio"/> Inattention (01) <input type="radio"/> Legal Meds. (07) <input 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 type="radio"/> Other (10) <input type="radio"/> Illegal Drugs (05)		<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.		(110) Roadway Surface																											
<input checked="" type="radio"/> No Improper Action (00) <input type="radio"/> Failure to Yield (06) <input type="radio"/> Improper Backing (13) <input 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"/> Failure to Keep in Proper Lane (10) <input type="radio"/> Swerved to Avoid Obstacle (16) <input type="radio"/> Pedestrian Viol. (21) <input type="radio"/> Disregard Red Light (04) <input type="radio"/> Improper Turn (11) <input type="radio"/> Inattention [Talking, Etc.] (22) <input type="radio"/> Bicycle Violation (23) <input type="radio"/> Disregard Other Trfc. Cntl. Dev. (05) <input type="radio"/> Improper Passing (12) <input type="radio"/> Over Correcting or Over Steering (17) <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)		<input type="radio"/> Dry (01) <input type="radio"/> Slush (07) <input checked="" 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 checked="" 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		Supervisor's ID Number		Date/Time																							
SGTRD VAITUULALA, MICHAEL G		13964		2/22/20 05:35		SGTRD VAITUULALA, MICHAEL G		13964		3/6/20 10:50																							

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number 20-006893

DIAGRAM

(114) Tire Skid Marks (Feet)					(115) REFERENCE POINT				
Wheel	Unit	Unit	Unit	Unit	IS <u>172</u> (feet) S (direction)	<u>MILE POST 19</u> (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									
<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)									
(117) Main Road									
(A) No. of Lanes		(B) Speed Limit			(119) Indicate the Type of Intersection (Check one)				
2		35			<input checked="" 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							
					<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> Place an arrow in the above circle to indicate North				
Draw Object, Directions, Etc. According to Current Practices.									



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

On February 20, 2020 at about 05:37 hours, Unit-1 was traveling southbound on Honopilani Highway Mile Marker 19 Lanaina, County of Maui, when Vehicle XPD757 pulled onto the roadway from the nasal shoulder. Unit-1 attempted to avoid colliding into vehicle XPD757.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
SGTRD VAITUULALA, MICHAEL G	13964	2/22/20 05:35	SGTRD VAITUULALA, MICHAEL G	13964	3/6/20 10:50

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-006893

Synopsis (continued)

by braking, but however lost control and laid his motorcycle down. As a result of the collision, Unit-1 sustained damage to the front right headlight and damages to the right side body panels / plastic fairings. [REDACTED] total damages to both vehicles is estimated to be under \$3,000.00 total.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
SGTRD VAITUULALA, MICHAEL G	13964	2/22/20 05:35	SGTRD VAITUULALA, MICHAEL G	13964	3/6/20 10:50

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-006893

(120) ALL PERSONS

E- Ejection 00 Not Ejected 01 Ejected Total 02 Ejected Partial 03 N/A Non-motorist 04 Unknown 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 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	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 K- Trans. to Med. Facility 00 Not Transported 01 EMS 02 Police 03 Helicopter 04 Private Vehicle 05 Other	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="text-align: center;">L- Medical Facility</td> </tr> <tr> <td style="width: 33%;">Hawaii County</td> <td style="width: 33%;">Molokai/Lanai</td> <td style="width: 33%;">C&C Honolulu (cont.)</td> </tr> <tr> <td>01 Hilo Medical Center</td> <td>11 Molokai General Hosp</td> <td>20 Kaneohe State Hospital</td> </tr> <tr> <td>02 Kona Hospital</td> <td>12 Lanai Comm. Hospital</td> <td>21 Kapiolani Medical Ctr</td> </tr> <tr> <td>03 Kau Hospital</td> <td></td> <td>22 Kapiolani Med - Pali</td> </tr> <tr> <td>04 Kohala Hospital</td> <td>Kauai County</td> <td>Momi</td> </tr> <tr> <td>05 Honokaa Hospital</td> <td>13 Wilcox Memorial Hosp</td> <td>23 Kuakini Med Ctr</td> </tr> <tr> <td>06 N. Hawaii Comm. Hosp</td> <td>14 Kauai Vet. Mem. Hosp</td> <td>24 Hawaii Med Ctr West</td> </tr> <tr> <td></td> <td></td> <td>26 Queen's Medical Center</td> </tr> <tr> <td>Maui County</td> <td>C&C Honolulu</td> <td>27 Straub Clinic & Hosp.</td> </tr> <tr> <td>07 Kula General Hospital</td> <td>15 Castle Medical Center</td> <td>28 Tripler Army Med Ctr</td> </tr> <tr> <td>08 Maui Mem. Med. Ctr.</td> <td>16 Shriner's Hosp for Children</td> <td>29 Wahiawa General Hosp</td> </tr> <tr> <td>09 Kaiser Clinic</td> <td>17 Kahuku Hospital</td> <td>30 Waianae Comp. Ctr.</td> </tr> <tr> <td>10 Hana Clinic</td> <td>18 Kaiser Permanente</td> <td>99 Other</td> </tr> <tr> <td></td> <td>19 Kaiser Clinic - Honolulu</td> <td></td> </tr> </table>	L- Medical Facility			Hawaii County	Molokai/Lanai	C&C Honolulu (cont.)	01 Hilo Medical Center	11 Molokai General Hosp	20 Kaneohe State Hospital	02 Kona Hospital	12 Lanai Comm. Hospital	21 Kapiolani Medical Ctr	03 Kau Hospital		22 Kapiolani Med - Pali	04 Kohala Hospital	Kauai County	Momi	05 Honokaa Hospital	13 Wilcox Memorial Hosp	23 Kuakini Med Ctr	06 N. Hawaii Comm. Hosp	14 Kauai Vet. Mem. Hosp	24 Hawaii Med Ctr West			26 Queen's Medical Center	Maui County	C&C Honolulu	27 Straub Clinic & Hosp.	07 Kula General Hospital	15 Castle Medical Center	28 Tripler Army Med Ctr	08 Maui Mem. Med. Ctr.	16 Shriner's Hosp for Children	29 Wahiawa General Hosp	09 Kaiser Clinic	17 Kahuku Hospital	30 Waianae Comp. Ctr.	10 Hana Clinic	18 Kaiser Permanente	99 Other		19 Kaiser Clinic - Honolulu	
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B- Position in Unit

Motorcycle/Moped/Bicycle: [13] --- [12] > [14]

Pedestrian: [15]

Motor Vehicle: [94] [70] [40] [10] [80] [50] [20] [90] [60] [30] [95]

For lap position use 1 in place of 0

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 Posil	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.
..... CLOVE, CRAIG A	01	10	40	M	02	00	00	02	12	01	00	08	02	2970
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Officer's Rank and Name SGTRD VAITUULALA, MICHAEL G	Officer's ID Number 13964	Date/Time 2/22/20 05:35	Supervisor's Rank and Name SGTRD VAITUULALA, MICHAEL G	Supervisor's ID Number 13964	Date/Time 3/6/20 10:50
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STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-006893

Narrative

Michael VAITU'ULALA
Sergeant/1st Watch
Alpha Watch/Lahaina Patrol Division

-ON BEAT:

On February 19, 2020 at 2337 hours, I was on duty as a Field Supervisor of the Lahaina Patrol Division. Ofc. Brittany BASSO and Ofc. John JOAQUIN were on duty and called me via cell phone and reported that they pulled out onto Honoapiilani Highway at the area of Mile Marker 19 and accelerated upon observing a motorcycle coming toward them. Upon avoiding impact the motorcyclist lost control and downed his motorcycle.

I arrived at approximately 2347 hours. Upon arrival I observed police vehicle MPD757 parked on the north shoulder of Honoapiilani Highway and motorcycle 209MVU lying on it's side on the south shoulder of the Highway.

-STATEMENT OF CRAIG CLOVE (DR-1):

Interviewed on February 20, 2020 at approximately 0014 hours, on the shoulder of Honoapiilani Highway at the scene of the accident located at Mile Marker 19 in Lahaina, County of Maui.

Craig CLOVE related that he was the operator of motorcycle 209MVU traveling southbound in the area of Mile Marker 19 Honoapiilani Highway. Stated he was traveling the speed limit of approximately 35 miles per hour when he observed a vehicle suddenly, pull out onto Honoapiilani Highway approximately 20 feet in front of him. He immediately pulled his hand brakes at which time his front tire locked up on him, losing control and downing his motorcycle.

CLOVE stated that at no time did he collide into vehicle MPD757 and that it happened so fast that he did not notice it was a Police car.

Nothing further to add.

-STATEMENT OF OFFICER JOHN JOAQUIN (WITNESS-1):

Interviewed on February 20, 2020 at approximately 0017 hours, on the shoulder of Honapiilani Highway at the scene of the accident located at Mile Marker 19 in Lahaina, County of Maui.

Officer JOAQUIN stated on February 19, 2020 at approximately 2337 hours, he was in the passenger seat of Maui Police Department fleet patrol vehicle bearing Hawaii license plates MPD 757. Stated that his rider Officer Brittany BASSO was operating the vehicle as they were conducting beat checks in the area of Mile Marker 19 on Honoapiilani Highway in Lahaina. Stated as Ofc. BASSO pulled out onto Honoapiilani Highway he observed a light to the left corner of his eye. Stated he then heard a loud thud at which time Officer BASSO pulled over on the northbound shoulder as they conducted welfare checks on the motorcyclist.

Nothing further to add.

-STATEMENT OF OFFICER BRITTANY BASSO (WITNESS-2):

Interviewed on February 20, 2020 at approximately 0021 hours, on the shoulder of Honapiilani Highway at the scene of the accident located at Mile Marker 19 in Lahaina, County of Maui.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
SGTRD VAITUULALA, MICHAEL G	13964	2/22/20 05:35	SGTRD VAITUULALA, MICHAEL	13964	3/6/20 10:50

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Narrative

Officer Brittany BASSO reported that on February 19, 2020 at about 2336 hours, she was on-duty and assigned to Beat 10 in the Lahaina Town Sector. She was assigned and in operation of a Maui Police Department fleet patrol vehicle bearing Hawaii license plates MPD 757. Stated as she proceeded from the makai shoulder onto Honoapiilani Highway, she checked both north and south-bound lanes for oncoming traffic. Shortly after entering the roadway she observed a motorcycle headlight heading toward her at which time she accelerated her vehicle to clear the lane. She then observed a motorcyclist downing his bike and heard a loud thud. She immediately pulled over on the mauka shoulder to render aid.

Nothing further to add.

-COMMANDER NOTIFIED:

On February 19, 2020 at about 2357 hours, Captain Reid PURSLEY was notified of this incident.

DAMAGES:

Unit 1: Motorcycle 209MVU sustained minor damages front right light and right side scratches. Motorcycle remained in service and is fully operable.

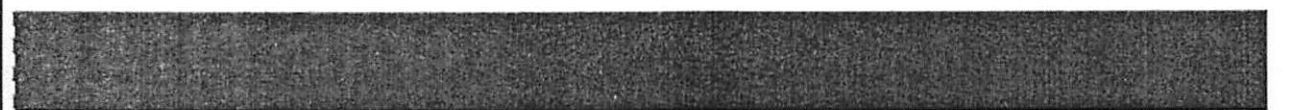
-TOW SERVICE:

No tow service was required as motorcycle was operable.

-MOTORCYCLE INVOLVED:

Motorcycle involved is described as a white 2013 BMW motorcycle bearing Hawaii license plates 209MVU, VIN:WB10B1202D2L05950, Registered to Craig CLOVE.

-PHOTOGRAPHS:



- Photograph 5 Depicting motorcycle's front right light and brake fluid reservoir damage
- Photograph 6 Depicting motorcycle's right side body damage
- Photograph 7 Depicting oil spill heading south on Honoapiilani Highway
- Photograph 8 Depicting scratches on road heading south on Honoapiilani Highway

-SKETCH:

Refer to attached sketch.

-INJURIES:



-INVESTIGATION:

On February 20, 2020 at about 2337 hours, Unit-1 was traveling southbound on Honoapiilani Highway Mile Marker 19 Lahaina, County of Maui, when Vehicle MPD757 pulled onto the roadway from the makai shoulder. Unit-1 attempted to avoid colliding into vehicle MPD757 by braking, but however lost control and laid his motorcycle down. As a result of the collision, Unit-1 sustained damage to the front right headlight and damages to the right

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
SGTRD VAITUULALA, MICHAEL G	13964	2/22/20 05:35	SGTRD VAITUULALA, MICHAEL	13964	3/6/20 10:50

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-006893

Narrative

side body panels / plastic fairings. [REDACTED]

[REDACTED] Total damages to both vehicles is estimated to be under \$3,000.00 total.

-DISPOSITION:

Pending.

WITNESS NAMES:

JOAQUIN, JOHN KENALIO; ADDRESS: 3349 KII PL, PUKALANI, HI 96768; PHONE: (808) 870-5270

BASSO, BRITTANY U.; ADDRESS: 88 MOLEHULEHU LOOP, KAHULUI, HI 96732; PHONE:

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
SGTRD VAITUULALA, MICHAEL G	13964	2/22/20 05:35	SGTRD VAITUULALA, MICHAEL	13964	3/6/20 10:50