

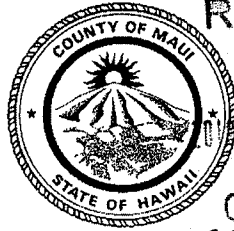
GET-11(13)

MICHAEL P. VICTORINO
Mayor

MOANA M. LUTEY
Acting Corporation Counsel

EDWARD S. KUSHI, JR.
First Deputy

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



RECEIVED

MAY 14 AM 9:05

OFFICE OF THE
COUNTY COUNCIL




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

May 13, 2019

MEMORANDUM

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

FROM: Caleb P. Rowe, Deputy Corporation Counsel 

SUBJECT: Litigation Matters – Settlement of Claims and Lawsuits (GET-1)
Settlement of Claim No.: B8115600035-0003-01 of Max Wolfe

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. If you have any questions, or concerns, please do not hesitate to contact me.

CPR:chs
Enclosure

cc: Karla Peters, Director
Department of Parks and Recreation

Resolution

No. _____

AUTHORIZING SETTLEMENT OF CLAIM NO. B811500035-0003-01
OF MAX WOLFE

WHEREAS, Max Wolfe filed Claim No. B811500035-0003-01 on October 26, 2018, against the County of Maui for injuries he allegedly sustained at the intersection of Mokuhau and Hanalei Street, Wailuku, Maui, Hawaii, on January 11, 2018 involving a Maui County fleet vehicle with a trailer, being operated by a County employee; and

WHEREAS, the County of Maui and Max Wolfe, 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, the Department of the Corporation Counsel has requested authority to settle this case under the terms set forth in an executive meeting before the Governance, Ethics, and Transparency Committee; and

WHEREAS, the Department of the Corporation Counsel has requested authority to settle this case under the terms set forth in an executive meeting before the Governance, Ethics, and Transparency Committee; and

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

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

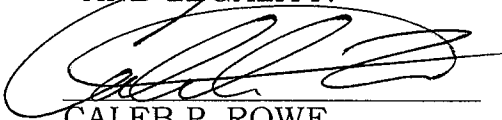
Resolution No. _____

1. That it hereby approves settlement of Claim No. B811500035-0003-01 under the terms set forth in an executive meeting before the Governance, Ethics, and Transparency Committee; and

2. That payment is authorized to satisfy settlement of this claim following the execution of the "Release and Indemnity Agreement" by Max Wolfe; and

3. That certified copies of this Resolution be transmitted to the Mayor, the Director of Finance, the Director of Parks & Recreation, and the Corporation Counsel.

APPROVED AS TO FORM
AND LEGALITY:



CALEB P. ROWE
Deputy Corporation Counsel
County of Maui
2018-0355

RECEIVED

COUNTY OF MAUI
CLAIM FOR DAMAGE OR INJURY

2018 OCT 26 PM 3:07

PLEASE PRINT CLEARLY

OFFICE OF THE
COUNTY CLERK

1. Claimant: Mr. Mrs. Ms. Max Wolfe

2. Address: 920 Makiki Street, Waiehu, HI 96793

3. Telephone No.: Business _____ Residence 808-276-9386

4. Date of Accident: 01/11/2018

5. Location of Accident: Intersection of Nenea St., Wailuku, HI 96793

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

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 1/11/18 around 9:28am, Wolfe was standing by his vehicle while Gibbs, an employee of a tow truck company was trying to get his keys out of his locked vehicle. Wolfe was then run over by a trailer that was being towed by Fernandez. Bystanders in the area witnessed the incident. Gibbs saw the truck pulling a large trailer coming up then heard Wolfe say, "I can't feel my legs!" Gibbs helped Wolfe onto the hood of his vehicle. Officer Manuel T. Sorcy Jr. arrived on the scene and saw Wolfe on the hood of his vehicle, screaming in pain. Wolfe was surrounded by several bystanders. Wolfe was bleeding from his left elbow and behind his left leg. He continued to scream and yell that he was just ran over.

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

n/a

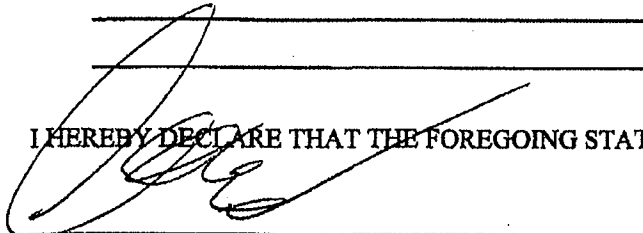
Policy No. _____

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)

10/24/18

(Date)

(Rev. 05/11/95)

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

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

Report Number: 18-001571

1) Police Dept: MAU		2) County: 1		3) District: 10		4) Beat: 2		5) Date/Time/Day Occurred: 01/11/2018 09:25 TH		6) Date/Time/Day Reported: 01/11/2018 09:25 TH													
8) Report Type: Major (01) Minor (02)		9) Total Involves: MV MC MOP BC PED WITN KILLED INJ			10) Injured (01) Killed (02)		11) Towed (01) Yes (02)		12) Hit & Run (01) Yes (02)		13) Fire (01) Yes (02)												
14) Time of Day: 09:28 - 09:32		15) Weather Conditions (See code to 2)						16) Light(s) (01) Daylight (01) (02) Dawn (02) (03) Dusk (03) (04) Spot Illumination (04) (05) Continuous Lighting (05) (06) Dark/Lights off (06) (07) Dark/No Lights (07) (08) Dark/Unknown (08) (09) Unknown (09)															
17) Time of Day: 09:28 - 09:40		18) Visibility (01) Clear (01) (02) Cloudy (02) (03) Rain (03) (04) Hazy, Fog, Smoke (04) (05) Windy, Severe Crosswind (05) (06) Steel/Hail (06) (07) Snow (07) (08) Blowing Sand/Soil (08) (09) Unknown (09)						19) Light(s) (01) Daylight (01) (02) Dawn (02) (03) Dusk (03) (04) Spot Illumination (04) (05) Continuous Lighting (05) (06) Dark/Lights off (06) (07) Dark/No Lights (07) (08) Dark/Unknown (08) (09) Unknown (09)															
20) Location: School (01) Business (02) Residential (03) Industrial (04) Recreational (05) Farm/Fields (06) No Development (07) Other (08)		21) Traffic Sign: Light (01) Medium (02) Heavy (03)		22) Trafficway Description: 2-Way Undivided (01) 2-Way, Undivided with Cont., Left Turn Lane (02) 2-Way, Divided, Unprotected Median (03) 2-Way, Divided, Median Barrier (04) 1-Way Trafficway (05) Other (06)				23) GPS Location: 20:53:24.0153 156:30:34.5240															
24) Name of Street - Highway: NENE A ST		25) City/Town: WAILUKU		26) At/On: No (01) Yes (02)																			
27) Route No:		28) Mile Post Marker:		29) Distance and Direction: AT		30) Reference Marker/Intersection/etc: INTERSECTION																	
31) Location of First Harmful Event: 01		32) Location: Intersection																					
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 (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 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 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 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)											
(31) Sequence of Events <table border="1"> <thead> <tr> <th>#</th> <th>Unit</th> <th>Time</th> <th>Event</th> <th>#</th> <th>Unit</th> <th>Time</th> <th>Event</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>01</td> <td>02</td> <td>58</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		#	Unit	Time	Event	#	Unit	Time	Event	1	01	02	58					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)	
#	Unit	Time	Event	#	Unit	Time	Event																
1	01	02	58																				
Officer's Rank and Name: PO2 SORCY, MANUEL T JR		Officer's ID Number: 15382		Date/Time: 1/22/18 08:54		Submitter's Rank and Name: SGTD1 GALARZA, DENTON K		Submitter's ID Number: 11274		Date/Time: 1/22/18 08:57													

This report is prepared for the State of Hawaii Department of Transportation federally mandated 23 USC148, Highway Safety Improvement Program

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-001571

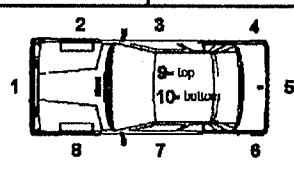
32) Unit No: 01		33) No. of Occ: 1		UNIT INFORMATION																							
34) Unit Class				35) Race																							
<input type="radio"/> Passenger Car (01) <input type="radio"/> Passenger Van (02) <input checked="" type="radio"/> Pickup Truck (03) <input type="radio"/> SUV/MPVH(04) <input type="radio"/> Cargo Van < 10,001 lbs. (05) <input 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 (18) <input type="radio"/> Recreational Vehicle (20) <input type="radio"/> Other (21) <input type="radio"/> Unknown (22)		<input 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 checked="" 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: FERNANDEZ		37) First Name: ALAN		38) MI: S	39) Sex: <input checked="" type="radio"/> M (01) <input type="radio"/> F (02)		40) DOB: 05/21/1965																				
41) Street No: 578		42) Street Name: S KAMEHAMEHA				43) St. Pl. Suffix: AVE		44) Address Number:																			
45) City: KAHULUI		46) State: HI		47) Zip Code: 96732		48) Home Phone Number: (808) 269-6260																					
49) Occupation:				50) Employer/Company Name: COUNTY OF MAUI																							
<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)		51) Work Phone Number: (808) 243-7055				52) Order Phone Number: (808) 269-6262																	
53) Driver's License Number: H00626438		54) State: HI	55) Class: 3	56) Restrict: NONE		57) Endorse: NONE																					
58) CDL Type:		59) Driver's License Status:																									
<input type="radio"/> Non-CDL (01) <input type="radio"/> Non-CDL/Restricted (02) <input type="radio"/> CDL (03)		<input 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)																					
60) Insurance Policy Number: 85-2-32		61) Exp. Date: 12-04-2018		62) Insurance Carrier: SELF INSURED																							
63) Registered Owner Name: COUNTY OF MAUI				64) Phone Number:																							
65) Unit No: 200	66) Street Name: S HIGH		67) St. Pl. Suffix: ST	68) Street Number:																							
69) City: WAILUKU		70) State: HI		71) Zip Code: 96793																							
72) Vehicle Year: 2011				73) Vehicle Color: WHI		74) Vehicle Make: FORD / FORD		75) Vehicle Model: F350		76) Vehicle Reg. No: CM2456		77) Title Reg. No: 1550		78) License Reg. No: HI													
79) Vehicle VIN Number: 1F150A1181041041												80) Error Code in Use: <input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)		81) Vehicle Status: <input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)													
82) Special Use:												83) Trailer Category:															
<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"/> 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 checked="" 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 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"/> Veh. Tow Veh. (08) <input checked="" type="radio"/> Other (09) <input type="radio"/> N/A (10)			

Officer's Initials: MTS

Supervisor's Initials: DKG

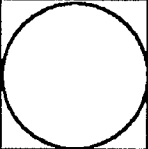
STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-001671

UNIT INFORMATION (Cont.)					
01 Citation Number Offense Code (H.R.S./R.O. Section No.)		100: Est. Damages <input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)		101: Extent of Damage <input type="radio"/> None (00) <input type="radio"/> Functional (02) <input type="radio"/> Minor (01) <input type="radio"/> Disabling (03)	
		102: Owner 1: County/Date of Registration 103: Owner 2: County/Date of Registration		(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	
(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below. 		104: Owner 1: County/Date of Registration 105: Owner 2: County/Date of Registration		106: Owner 1: County/Date of Registration 107: Owner 2: County/Date of Registration	
108: Estimated Damages to Object 1 <input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)		109: Estimated Damages to Object 2 <input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)			
107: Motor Vehicle Maneuver Code <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 type="radio"/> Backing (06) <input type="radio"/> Turning Right (13)		106: Reason for Maneuver <input 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)		105: Traffic Control Device Used <input 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)	
102: Traffic Control Device <input 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)		101: Signalized Pavement Markings None (00) <input type="radio"/> <input type="radio"/> No Passing, Yellow (06) Solid Yellow (01) <input type="radio"/> <input type="radio"/> Curb/Median, Etc. (07) Skip-Dash Yellow (02) <input type="radio"/> <input type="radio"/> Bikeway Marking (08) Solid White (03) <input type="radio"/> <input type="radio"/> Crosswalk Marking (09) Skip-Dash White (04) <input type="radio"/> <input type="radio"/> Turn Lane (10) Solid Double Yellow (05) <input type="radio"/> <input type="radio"/>		103: Roadway <input type="radio"/> None (00) <input type="radio"/> Right (01) <input type="radio"/> Bike Route/Signaled (01) <input type="radio"/> Left (02) <input type="radio"/> Bike Lane Stripe (02) <input type="radio"/> Both Sides (03) <input type="radio"/> Separate Path/Lane (03)	
104: Vehicle Factors - See column 2 <input 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)		105: Vehicle Description - See column 2 <input 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)		106: Human Factors - See column 2 <input 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)	
108: Driver Factors - See column 2 <input 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"/> Over Correcting or Over Steering (17) <input type="radio"/> Inattention (Talking, Etc.) (22) <input type="radio"/> Bicycle Violation (23) <input type="radio"/> Disregard Other Trfc. Ctrl. Dev. (05) <input type="radio"/> Improper Passing (12) <input type="radio"/> Clothing not Visible (24)		100: Roadway Damage <input type="radio"/> Concrete (01) <input type="radio"/> Dry (01) <input type="radio"/> Slush (07) <input type="radio"/> Asphalt (02) <input type="radio"/> Wet (02) <input type="radio"/> Ice/Frost (08) <input type="radio"/> Gravel (03) <input type="radio"/> Mud, Dirt, Gravel (03) <input type="radio"/> Water (09) <input type="radio"/> Dirt (04) <input type="radio"/> Debris (04) <input type="radio"/> Sand (10) <input type="radio"/> Other (05) <input type="radio"/> Oil (05) <input type="radio"/> Snow (06)			
111: Roadway Conditions <input 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)		112: Roadway Alignment/Grade <input type="radio"/> Straight (01) <input type="radio"/> Level (01) <input type="radio"/> Downhill (04) <input type="radio"/> Curve Left (02) <input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05) <input type="radio"/> Curve Right (03) <input type="radio"/> Uphill (03)			
Officers Rank and Name PO2 SORCY, MANUEL T JR		Officers ID Number 16382		Date/Time 1/22/18 08:54	
Reporting Party Name SGT D1 GALARZA, DENTON K		Reporting Party Number 11274		Date/Time 1/22/18 08:57	

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-001571

DIAGRAM											
(114) Tire Skid Marks (Feet)					(115) REFERENCE POINT						
Wheel	Unit	Unit	Unit	Unit	IS	<u>0</u>	(feet)	(direction)	<u>AT INTERSECTINO</u>	(Object/Landmark)	
Rgt-R	<u>0</u>				ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE						
LT-F	<u>0</u>				Object						
Rgt-F	<u>0</u>										
LT-R	<u>0</u>										
(116) Intersection Related											
<input type="radio"/> No (01) <input checked="" type="radio"/> Yes (02)											
(117) Main Road											
(A) No. of Lanes		(B) Speed Limit			(119) Indicate the Type of Intersection (Check one)						
<u>2</u>		<u>20</u>			<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.											
Synopsis (Accident Description. Refer to units by number):											
Thus far reveals, On 01/11/2018 at about 0915 hours, Alan FERNANDEZ was operating Unit 1 when he executed a left turn onto Nenea St., from Makuhau Rd. Driver 1 was looking out of the driver's side window and did not observed the vehicles trailer hit Unit 2. Unit 2											
Officer's Rank and Name		Officer's ID Number		Date/Time		Officer's Rank and Name		Officer's ID Number		Date/Time	
PO2 SORCY, MANUEL T JR		15382		1/22/18 08:54		SGTD1 GALARZA, DENTON K		11274		1/22/18 08:57	

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Synopsis (continued)

suffered minor injuries and was transported to the Maui Memorial Medical Center in ALPHA condition. There were no damages observed or reported to Unit 1. A report was documented for records purposes.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 SORCY, MANUEL T JR	15382	1/22/18 08:54	SGTD1 GALARZA, DENTON K	11274	1/22/18 08:57

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-001671

(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 Kaplani Medical Ctr. 22 Kaplani Med. - Pall Momi 23 Kuakini Med. Ctr. 24 Hawaii Med. Ctr. 25 Hawaii Med. Ctr. West 26 Queen's Medical Center 27 Siraub Clinic & Hosp. 28 Tripler Army Med. Ctr. 29 Wehlaue General Hosp. 30 Welanue Comp. Ctr. </td> </tr> <tr> <td style="border: none;"> Mauai 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 Kaplani Medical Ctr. 22 Kaplani Med. - Pall Momi 23 Kuakini Med. Ctr. 24 Hawaii Med. Ctr. 25 Hawaii Med. Ctr. West 26 Queen's Medical Center 27 Siraub Clinic & Hosp. 28 Tripler Army Med. Ctr. 29 Wehlaue General Hosp. 30 Welanue Comp. Ctr.	Mauai 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
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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 		M- Condition 01 Refused Treatment 02 Released 03 Good, Fair 04 Serious, Guarded 05 Critical 06 Dead on Arrival 07 Dead Other					
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											

Party and Address	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
FERNANDEZ, ALAN S 578 S KAMEHAMEHA AVE, KAHULUI, HI	01	10	52	M	00	02	01	00							
WOLFE, MAX 920 MAKIKI ST, WAIHEHU, HI 96793	02	15	27	M	03	12									
Officer's Name and Title	Officer's D Number	Date/Time	Officer's Name and Title	Officer's D Number	Date/Time										
PO2 BORCY, MANUEL T JR	15382	1/22/18 08:54	SGTD1 GALARZA, DENTON K	11274	1/22/18 08:57										

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Narrative

Ofc. B. BARTOLOME
 D-1, Beat 10, Wailuku
 Wailuku Patrol Division

ASSIGNMENT / ARRIVAL:

On 01/11/2018 at about 0928 hours, Ofc. M. SORCY and I were assigned to a Motor Vehicle Accident in the area of Mokuhau Road and Nenea Street in Wailuku, HI. I arrived on scene at about 0932 hours and observed the following.

OFFICER'S OBSERVATIONS:

Upon arrival, I observed Ofc. M. SORCY off with the pedestrian victim involved in this accident. I made my way over to Mokuhau park and made contact with Alan FERNANDEZ, identified as the driver of vehicle CM2456 (Unit 1). I proceeded to read him his rights and gathered the following statement.

MEDICS / FIRE:

On 01/11/2018 at about 0932 hours, Medic 1 and Engine 1 arrived on scene and treated the victim for his injuries. He was later transported to the Maui Memorial Medic Center by Medic 1 in ALPHA condition.

MIRANDA WARNING:

On 01/11/2018 at about 0932 hours, I verbally advised Alan FERNANDEZ of his Miranda Warnings, as they pertain to the fifth amendment of his Constitutional Rights. FERNANDEZ stated he understands the English language and acknowledged he understood his rights. He elected to waive his rights to give the following statement.

STATEMENT OF DRIVER (UNIT 1):FERNANDEZ, Alana/M/Cit

On 01/11/2018 at about 0932 hours, Alan FERNANDEZ was interviewed within the Mokuhau park, located near the intersection of Mokuhau Rd., and Nenea St.

FERNANDEZ reported operating County of Maui vehicle CM2456 on 01/11/2018 on Mokuhau Road. FERNANDEZ is an operator for the County of Maui and was working during the time of this incident. He stated while he was approaching the intersection of Mokuhau Rd., and Nenea St., he slowed his vehicle to about two (2) miles per hour to navigate a left turn onto Nenea St., from Mokuhau Rd. As he approached Nenea St., he observed the pedestrian, working on a vehicle within the right (mauka) shoulder area of Mokuhau Rd., at Nenea St. He also observed a tow truck in the area. As he initiated the left turn, he stuck his head out of the driver's side window to keep an eye on the trailer his vehicle was towing. He stated he executed the left turn onto Nenea St., without any trouble and did not know the trailer had hit someone. He reported he would have knew if he "hit someone" because he would have felt the vehicle run someone over.

It was not until he reached Mokuhau park from Nenea St., that he was approached by someone in the area reporting he had struck a pedestrian with the trailer he was towing. FERNANDEZ did not report any injuries or damages and none were observed as a result of this incident. He was wearing his seatbelt at the time of the accident.

UNIT 1:

2011, White, Ford, Dump truck registered to the County of Maui, Department of Parks and

Officer's Park and Land	Officer's ID Number	Date/Time	Supervisor's Park and Land	Supervisor's ID Number	Date/Time
PO2 SORCY, MANUEL T JR	15382	1/22/18 08:54	SQTD1 GALARZA, DENTON K	11274	1/22/18 08:57

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Narrative

Recreation at a listed address of 200 S. High S., Wailuku, HI., 96793.

VIN: 1FDRF3HT2BEA18104.

PEDESTRIAN-1 STATEMENT:

Refer to Supplementary Report submitted by Ofc. M. SORCY.

INJURIES:

Pedestrian-1 suffered minor injuries and was transported to the Emergency Room by Medic #1.

DAMAGES:

There were no damages to Unit 1 observed or reported at the scene.

INVESTIGATION:

Thus far reveals, On 01/11/2018 at about 0915 hours, Alan FERNANDEZ was operating Unit 1 when he executed a left turn onto Nenea St., from Mokuhau Rd. Driver 1 was looking out of the driver's side window and did not observe the vehicles trailer hit Pedestrian-1. Pedestrian-1 suffered minor injuries and was transported to the Maui Memorial Medical Center in ALPHA condition. There were no damages observed or reported to Unit 1. A report was documented for records purposes.

Officer Bronson BARTOLOME #15448
Wailuku Patrol Division
01/14/2018 at 1530 hours

WITNESS NAMES:

GIBBS, MATTHEW K; ADDRESS: 1112 MAKALII PL, KAHULUI, HI 96732; PHONE: (808) 870-2561

Officer's Rank and Name	Officer's ID Number	Date/Time	Officer's Rank and Name	Officer's ID Number	Date/Time
PO2 SORCY, MANUEL T JR	15382	1/22/18 08:54	SGTD1 GALARZA, DENTON K	11274	1/22/18 08:57

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Narrative Supplement

Supplement type:

Officer Manuel T. SORCY Jr.
 D-1, Beat 1B11, Alpha Watch
 Wailuku Patrol Division

ASSIGNMENT:

On 01/11/2018 at about 0928 hours, I was assigned by Central Dispatch to respond to the area of Mokuhau Road and Nanea Street in Wailuku, regarding a Motor Vehicle Accident.

ARRIVAL:

I arrived on scene at about 0932 hours and observed the following.

OBSERVATIONS:

An adult male, later identified as Max WOLFE was laying on the hood of his vehicle, screaming in pain. WOLFE was surrounded by several bystander that helped him up onto his hood. WOLF was bleeding from his left elbow area and behind his left leg, above his heel but below his calf area. He continued to yell, I was just ran over!

UNIT-2 STATEMENT: WOLFE, Max A/Cau/M/Cit

Interviewed on scene at about 0935 hours. The following statement was then obtained.

WOLFE stated he was standing on the driver side of his vehicle which was parked on the west bound lane of Mokuhau Road near the intersection of Nanea Street. He locked his keys in his car and was getting help from a tow truck driver who was on the passenger side of his vehicle. While standing near the driver door of his vehicle, WOLF was suddenly pulled down by a passing trailer. The trailer rolled completely over him and the driver continued on without stopping. WOLFE felt pain to entire left side of his body.

INJURIES:

WOLFE sustained abrasions to his left elbow and area and behind his left leg, above his heel but below his calf. WOLFE complained of pain to the entire left side of his body.

WITNESS STATEMENT: GIBBS, Matthew A/Haw/M/Cit

Interviewed on scene at about 0945 hours. The following statement was then obtained.

GIBBS is an employee of a tow truck company and he was called to assist WOLFE for a lockout. GIBBS stated he was standing on the passenger side of WOLFE's vehicle and WOLFE was on the driver side. GIBBS noticed a truck pulling a large trailer coming up (west) on Mokuhau Road. GIBBS continued working on WOLFE's car till he heard WOLFE say, "I cant feel my legs!" GIBBS assisted WOLFE onto the hood of his car then saw the truck and trailer turn into Nanae Street.

ADDITIONAL INFORMATION:

Refer to report submitted by Ofc. B. BARTOLOME.

Manuel T. SORCY Jr. E-15382

Officer's Rank and Name	Officer's ID Number	Date/Time	Officer's Rank and Name	Officer's ID Number	Date/Time
PO2 SORCY, MANUEL T JR	15382	1/11/18 18:30	SGTD1 LOO, WENDELL H	9508	1/11/18 18:34

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

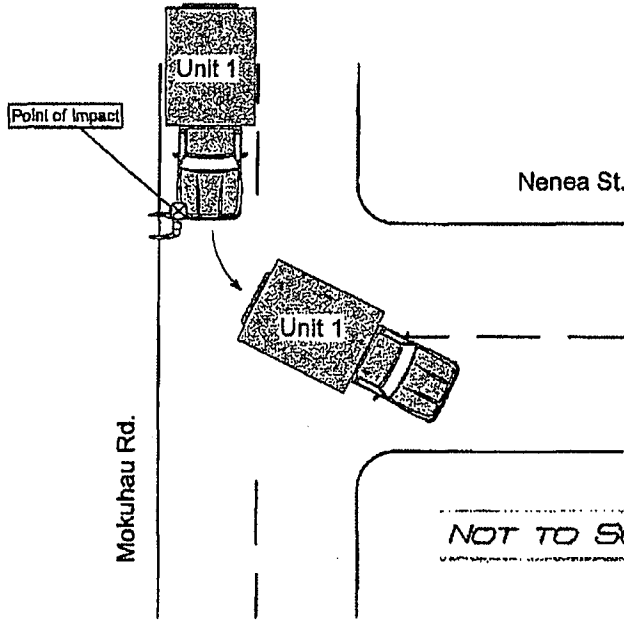
Narrative Supplement

Supplement type:

Police Officer II, Wailuku Patrol
 01/19/18 at 1630 hours.

Officer Rank and Name	Officer ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 SORCY, MANUEL T JR	15382	1/19/18 16:30	SGTD1 LOO, WENDELL H	9508	1/19/18 18:34

Case Number:	Date:
Location:	
Description:	



18-001571
BB #15448
01/11/2018
Auto. / Ped. Major

Sketch done by: Ofc. B. BARTOLOME #15448

LI 21 of 2018 Rpt 1/19/18
ML
BR
SP 1/24/18

RECEIVED
CORPORATION COUNSEL

2018 JAN 17 AM 10: 49



County of Maui
Department of the Corporation Counsel
Risk Management Division
200 S High Street
Waikuku, HI 96793
Phone (808) 270-7535
Fax (808) 270-1761

VEHICLE ACCIDENT REPORT

Complete this form to report any VEHICLE related accident resulting in potential bodily injury, property damage, and/or loss of County property. Send the completed form within 48 hours of the accident to the Managing Director and a copy to Risk Management either by email, fax, or interoffice mail.

Your Name Alan Fernandez Department Parks & Recreation Date 1/11/18
Address 700 Halia Nakoa Street Waikuku Phone 808-269-6260
Date of Accident 1/11/18 Day of the Week Thursday Time 9:15am .m.
Location of Accident Mokuhau & Hanalei Street Corner

Did Police respond? Yes No. If yes, please obtain report and forward a copy of the report as soon as possible.

COUNTY CAR:

Year 2011 Make FORD Model F350 1 Ton Dump Truck License# CM-2456
Driven for what purpose? TMO, Trailer Mower
Describe damage None Estimated repair cost None

PERSONS INJURED: Yes No If yes, please complete the following:

Name Unknown Age _____
Address _____ Phone _____
Describe Injuries Scrape on left elbow arm Medical Treatment Required? Yes No

Name _____ Age _____
Address _____ Phone _____
Describe Injuries _____ Medical Treatment Required? Yes No

OCCUPANTS OF YOUR AUTOMOBILE:

Name Alan Fernandez Age 52 Address 578 Kawahamoha Ave LKAH 96752
Name _____ Age _____ Address _____

DESCRIPTION OF OTHER AUTOMOBILE:

Year N/A Make _____ Model _____ License# & State _____
Other Driver Name _____ Address _____

2018 01 17 10:49 AM
C. [unclear]

Describe damage N/A

Were there any occupants other than driver Yes No If yes, how many? _____

WITNESSES OTHER THAN OCCUPANTS OF VEHICLES ALREADY LISTED:

Name None

Address _____ Phone _____

Name _____

Address _____ Phone _____

THE ACCIDENT:

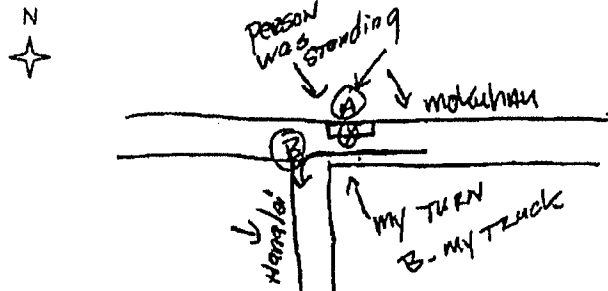
Explain how accident occurred See Report Attached

Were you wearing a seatbelt? Yes Were all passengers in your vehicle wearing seatbelts? N/A

What statements were made by you or other party about accident after it occurred? Police Report # 18-001571

Please draw a diagram below showing position of your car (A) and other car (B) , etc., at the moment of impact.

Check type of road construction:
__ concrete __ asphalt __ dirt __ gravel
Check condition of road: __ dry __ wet
Check condition of weather: __ clear __ fog __ rain __ dark



Direction your car was going Making a Turn Side of Street Mokuhau & Hansel St. Speed 2 miles per hour

Direction other car was going N/A Side of Street _____ Speed _____

Did your driver give signal? Yes Kind _____ Were your lights on? Flashing Lights

Did other driver give signal? Yes Kind Blinker Were his/her lights on? Trailer Lights Working

Did any temporary or permanent object (building, hedge, tree, car, etc.) obscure vision of either driver? Yes No
If yes, describe and show it on the diagram you have drawn above.

Your signature [Signature] Date 1-11-18

Supervisor's signature [Signature] Date 1/11/18

Department Head signature [Signature] Date 1/16/18

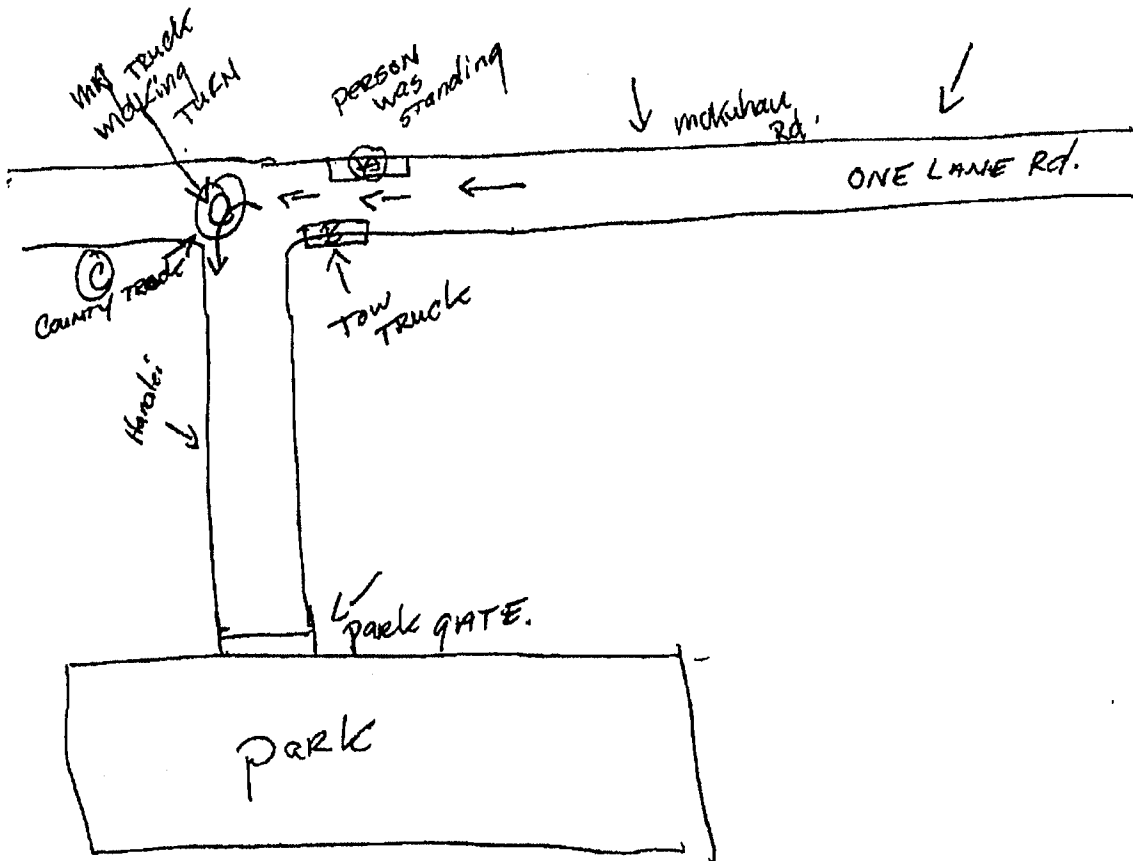
Original: Department
copy: Managing Director, Risk Management Division

Rossmark Septimo - Vehicle Accident Report

From: Tara Sabado
 To: Septimo, Rossmark
 Date: 1/11/2018 11:54 AM
 Subject: Vehicle Accident Report
 Attachments: Vehicle Accident.pdf

Aloha Boysie,
 please print have Alan draw the diagram of the vehicle turning into the park area and where the accident occurred, he will need to have the tow truck placed in the diagram and the location of the person injured.

Return to me before you leave today. Mahalo





2-2-2018

2018-2019-10-20-0002

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2-2-2018



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2-2-2018

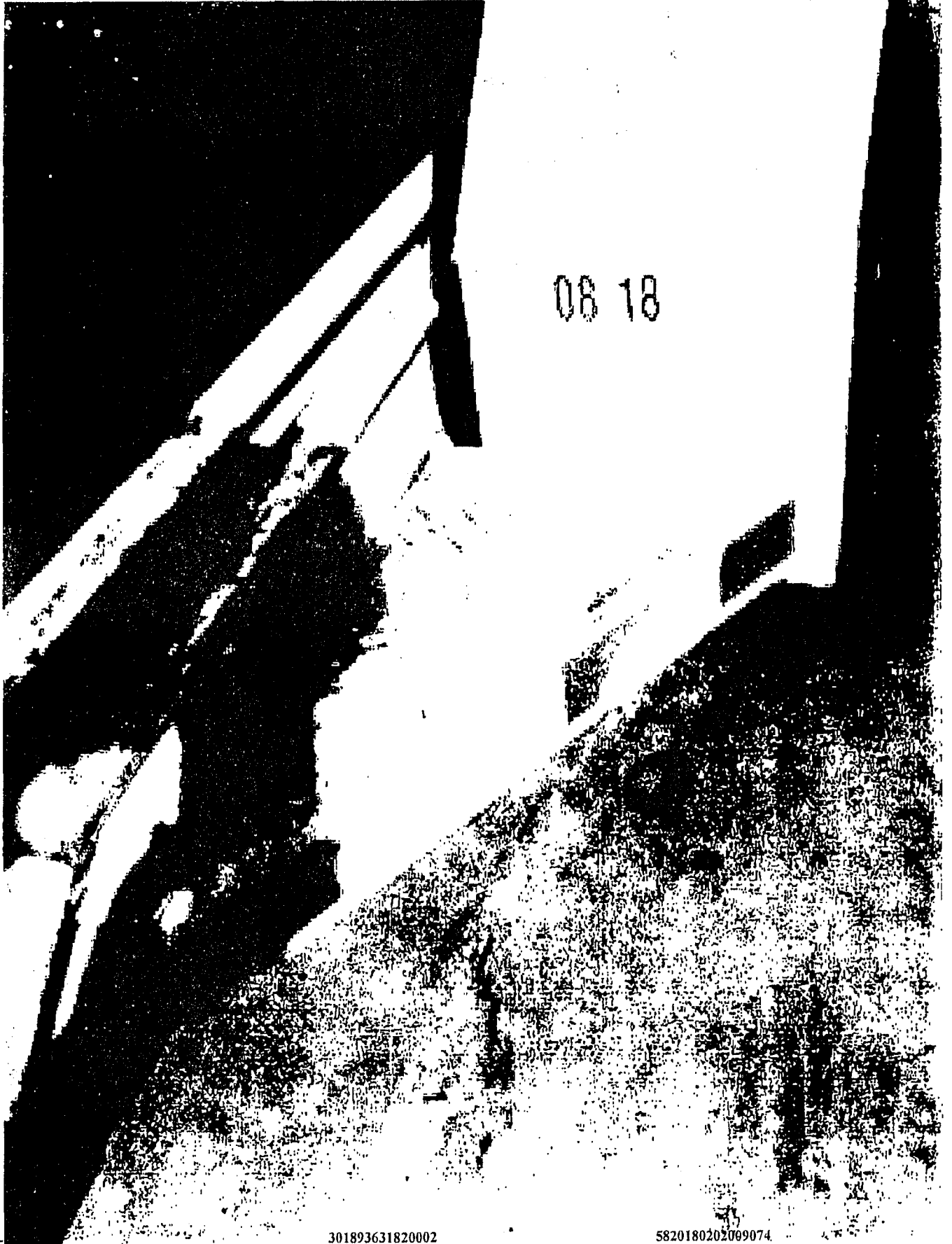
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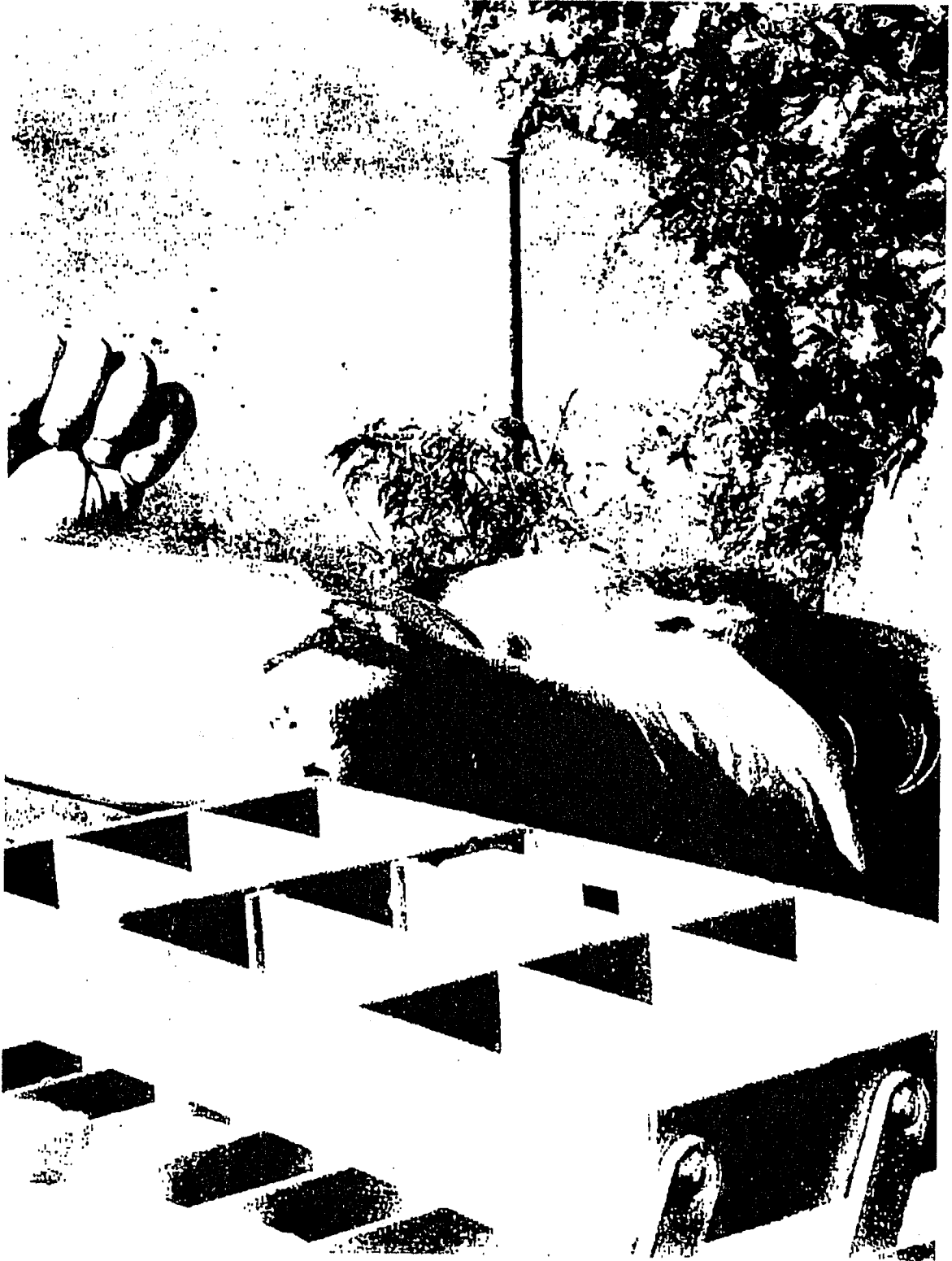
2-2-2018

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08 18





LT 1/19/18
ML 1/24/18
BNScan 1/24/18
SP 1/24/18

RECEIVED
CORPORATION COUNSEL
2018 JAN 17 AM 10:49
County of Maui
Department of the Corporation Counsel
Risk Management Division
200 S High Street
Waikuku, HI 96793
Phone (808) 270-7635
Fax (808) 270-1761

INCIDENT REPORT

FOR INTERNAL/COUNTY USE ONLY - TO BE COMPLETED BY COUNTY PERSONNEL
Complete this form for all **NON-AUTOMOBILE** events resulting in potential bodily injury (aka "near miss"), property damage, loss or theft, and send within 24 hours to the Risk Management Division either by fax 270-1761, email: bridget.nakama@mauicounty.gov, or interoffice mail.

Incident Date 1/11/2018 Incident Time 9:15am Location Mokuhau/Hanalei St.
Notified by (person reporting the Incident): Alan Fernandez Phone: (808) 269-6260
Date and Time Reported 1/11/2018 9:28am

Department of Parks & Recreation Division and/or Unit # (if known) Recreation & Supp. Svcs. Central District
Were Police notified? Yes No If yes, Police Report # 18-00571

Was anyone injured? Yes No If yes, please describe. not confirmed that injury caused by Trailer of Truck w/mower loaded.

Any property damage? Yes No / If yes, describe County or third-party damage:
See report, possible person injury (not confirmed)

Describe the Incident (circumstances, weather conditions, etc.)
see report attached, statement from TMO/Driver Alan Fernandez

Witnesses:

Name	Address	Contact #	Relationship
<u>see Police Report / Tow Truck Driver & possible bystander witness</u>			

Corrective measures taken, if any, to prevent recurrence.
Making Change to Mokuhau mower Access, due to the small one lane street access due to residential parking will have mower

Dept. Head Requests Temporary Restraining Order (TRO)/Injunction: Yes No
Report completed by: (print & initial) Tarasabado TM Your Phone: (808) 810-2422 Date: 1/11/18
Supervisor (print & initial) Tarasabado Date 1/11/18 Department Head Signature [Signature] Date 1/11/18

Original: Department
Copy: Managing Director, Risk Management Division

2018 JAN 17 PM 5:42
Revised: 9/20/17

RECEIVED

While making TURN ON HANKEI NOTICED A male working ON A SILVER CAR, STARTED making TURN looked Back TO SEE IF I WAS CLEAR NOTICED Him looking Back at me, COURT. AT ABOUT 2 miles AN HOUR NOTICED A FEMALE TELLING me THAT I RAN OVER SOMEONE AT THE CORNER. RAN UP TO THE CORNER SAW male ON HOOD OF CAR SAYING I RAN OVER HIM. NOTIFIED 911, THEY STARTED calling TARA E' Blosy OF INCIDENT AT NO TIME while making the TURN DID A feel a Bump OR Lifting up OF TAILER of me Running Over Something.

P. Female NOTIFIED me AFTER I ARRIVED TO THE park THAT I MIGHT HAVE RUNNED OF SOMEONE. DID NOT FEEL anything AT NO TIME OF INCIDENT.

ALSO BEFORE I WAS NOTIFIED BY female OF INCIDENT I STOPPED AT THE park gate, LOOKED FOR my KEYS GOT OUT OPENED GATE GOT BACK INTO my TRUCK Drove in park, THEN I WAS NOTIFIED THAT I RAN OVER SOMEONE AT CORNER ABOUT 3 TO 5 min WENT BY BEFORE I WAS NOTIFIED OF INCIDENT.

2-2-2018

301893631820002

5820180202009061

RELEASE AND INDEMNITY AGREEMENT

1. DEFINITIONS:

- 1.1 Releasors: The term "Releasors" as used in this document includes Max Wolfe, and his/her respective heirs, attorneys, agents, representatives, executors, administrators, subrogees, and assigns.
- 1.2 Releasees: The term "Releasees" as used in this document includes the County of Maui, Sedgwick, and their respective heirs, trustees, personal representatives, subsidiaries, parent companies, affiliates, executors, officers, directors, employees, agents, attorneys, successors, subrogees, and assigns.
- 1.3 The Incident: The term "incident" as used in this document refers to the accident that occurred on January 11, 2018, at Hanalei and Mokuhau Road in Wailuku Maui, in the State of Hawaii and which is not the subject of a lawsuit.
- 1.4 Claims: The term "claims" as used in this document refers to any and all claims, demands, damages, expenses, attorney's fees, costs, actions or causes of action whatsoever which Releasors now have or may have in the future, whether known or whether anticipated or not, resulting from, arising out of or to arise out of, or connected with, directly or indirectly, from the "incident".

2. CONSIDERATION FOR THIS RELEASE AND INDEMNITY AGREEMENT

Agreement: The consideration for this Joint Tortfeasor Release and Indemnity Agreement ("Release") is the total sum of \$44,000.00 (forty four thousand and 00/100 dollars). Releasors agree that pursuant to Section 431:10C-301.5(a), Hawaii Revised Statutes ("H.R.S"), the \$44,000.00 shall be reduced by \$8,000.00 (or the amount of personal injury protection benefits incurred, whichever is greater). Based on Section 431:10C-301.5(a), H.R.S., Releasees shall pay Releasors the total sum of \$36,000.00. Releasors agree that in the event there is a final

Initial

determination by an appellate court that Section 431:10c-301.5(a), H.R.S. is unconstitutional, void, unenforceable or that it violates Hawaii law, Releasors shall only be entitled to \$36,000.00 from Releasees. This release is non-binding pending County of Maui approval. Each party to this agreement agrees to bear their own costs and attorney's fees.

3. RELEASE COVENANTS:

For the "consideration" described in paragraph 2 above, Releasors hereby release and forever discharge the Releasees and all other persons in the world from any and all "claims". The consideration paid herein is on account of personal injury and or sickness and/or emotional distress resulting therefrom, as defined by IRS Code Section 104(a)(2)".

4. COVENANT REGARDING JOINT TORTFEASOR EFFECT OR RELEASE

It is covenanted and agreed that this Release shall be construed as a joint tortfeasor release and that this Release shall, within the meaning of Section 663-11 through 663-17, Hawaii Revised Statutes, reduce Releasors' recovery against all other joint tortfeasors for the "claims" released herein by the pro-rate share of liability of the Release or the amount of \$36,000.00, whichever is greater, all as provided in said Section 663-11 through 663-17, Hawaii Revised Statutes.

5. INDEMNITY AGREEMENTS:

Releasors represent that they have paid or satisfied and/or will pay or will satisfy the claims of all persons or organizations who have or may have in the future money due and owing to them as a result of the "incident" including but not limited to providers of medical PIP, wage loss and/or property damage benefits, such as Medicare, HMSA, No-Fault or PIP insurance, TDI insurance, Department of Human Services, Workmen's Compensation insurance, medical payments insurance, and attorneys fees and costs. Releasors agree to defend, hold harmless and indemnify Releasees from any and all such claims. Releasors also agree to defend, hold harmless and indemnify Releasees from any and all claims by any person or organization whose rights have not extinguished by paragraph 4.

Maui
Initial

6. EFFECT OF BREACH OF CONDITIONS:

Each of the paragraphs of this Release contains material covenants and conditions to this Release, and the breach of any single covenant or condition shall have the effect of voiding the entire Release.

7. NO ADMISSION OR LIABILITY:

It is understood and agreed that the payment described in this Release is not an admission of any negligence, liability or fault of any kind whatsoever but compromises and settles all disputes between the parties for the purpose of avoiding further controversy, litigation and expense, and that said payment is the final consideration of this Release and not other payment or consideration has been promised or will be paid.

8. GENERAL DAMAGES ONLY:

It is specifically understood and agreed by and between Releasors and Releasees that the consideration provided by Releasees is not intended to compensate Releasors for any medical or rehabilitative expenses, loss of income, or any element of special damages, but is intended to compensate the said Releasors for pain and suffering, mental and emotional distress, and other elements of future general damages that are uncertain in amount. Provided, however, that the undersigned Releasors specifically agree that in consideration of the payment above recited, they intend to release and does hereby release Releasees of any and all "claims" that they may have against them, which includes all items or damages related to claims for loss of income and medical expenses.

9. NO REPRESENTATION:

Releasors admit and agree that they have not relied on any statement of fact or opinion made by Releasees or any other persons or organization acting on behalf of Releasees which include Releasors to execute this Release other than what is contained in this Release, and that this Release is executed freely. Releasors acknowledge that Releasors have voluntarily entered into this Release.



Initial

10. FRAUD

Releasors agree that under Section 431:10C-307.7, H.R.S., Releasees have advised Releasors that Hawaii law requires Releasors to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Dated: 4/10/2019, ^{WA} Hawaii, ^{Whatcom} Whatcom



Max Wolfe

Releasor

As approved to form

^{WA}
STATE OF ~~HAWAII~~
^{WA} ^{Whatcom}
COUNTY OF ~~MAUI~~
^{Whatcom}

On this 10th day of April, 2019, before me personally appeared Max Wolfe, to me known to be the signer of the above release, and acknowledge that he voluntarily executed this release for uses and purposes therein set forth.

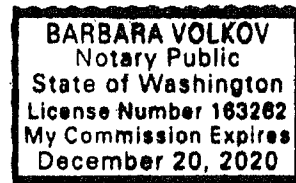
IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

Barbara Volkov

NOTARY PUBLIC, State of ~~HAWAII~~ ^{WA}

Print Name: Barbara Volkov

My commission expires: 12/20/2020



Claim no. B811500035-0003-01

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