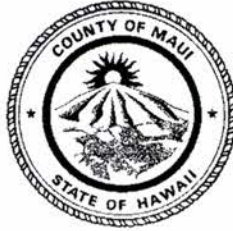


MICHAEL P. VICTORINO
Mayor

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

March 1, 2021

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

FROM: Caleb P. Rowe, Deputy Corporation Counsel 

SUBJECT: Litigation Matters
Settlement of Claim: Polina Goldberg
John Mullen Claim No.: 4066522

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 not anticipated that an executive session will be necessary. There is no immediate deadline to this matter.

Copies of the claim and proposed resolution are enclosed. We request that a representative from the Department of Water Supply 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: Jeffrey Pearson, Director
Department of Water Supply

Resolution

No. _____

AUTHORIZING SETTLEMENT OF CLAIM NO. 4066522 OF POLINA GOLDBERG

WHEREAS, Claimant Polina Goldberg filed Claim No. 4066522 on September 18, 2020 against the County of Maui, alleging damage to her vehicle resulting from an accident with a Maui County fleet vehicle being operated by a County Employee on August 26, 2020; and

WHEREAS, the County of Maui, to avoid incurring expenses and the uncertainty of a judicial determination of the parties' respective rights and liabilities, will attempt to reach a resolution of this case by way of a negotiated settlement or Offer of Judgment; and

WHEREAS, the Department of the Corporation Counsel has requested authority to settle this case for a settlement of \$13,942.92; and

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

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

1. That it approves settlement of Claim No. 4066522 of Polina Goldberg in the amount of \$13,942.92;

2. That it authorizes the Mayor to execute a Release and Settlement Agreement on behalf of the County in this case, under terms and conditions as

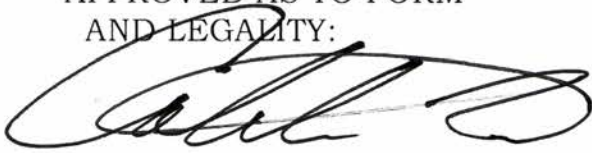
Resolution No. _____

may be imposed by the Corporation Counsel consistent with the Council's settlement approval;

3. That it authorizes the Director of Finance of the County of Maui to satisfy settlement of this case, under terms and conditions as may be imposed by the Corporation Counsel consistent with the Council's settlement approval; and

4. That certified copies of this Resolution be transmitted to the Mayor, the Director of Finance, the Director of Water Supply and the Corporation Counsel.

APPROVED AS TO FORM
AND LEGALITY:



CALEB P. ROWE
Deputy Corporation Counsel
County of Maui
RISK 2020-0207

KATHY L. KAOHU
County Clerk



JAMES G.M. KRUEGER
Deputy County Clerk

OFFICE OF THE COUNTY CLERK
COUNTY OF MAUI
200 SOUTH HIGH STREET
WAILUKU, MAUI, HAWAII 96793
www.mauicounty.gov/county/clerk

February 8, 2021

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

Attn: Unit Code 99

Respectfully transmitted is a copy of a claim against the County of Maui filed by Ashley Adamik, of Progressive Advanced Insurance Company, which was received by our office on February 8, 2021.

Respectfully,

Handwritten signature of Kathy L. KaoHu in cursive.

KATHY L. KAOHU
County Clerk

Attachment

cc: Mayor
Corporation Counsel ✓
Council Chair

/lks

RECEIVED
2021 FEB -9 PM 2:21
COUNTY OF MAUI

COUNTY OF MAUI
CLAIM FOR DAMAGE OR INJURY

RECEIVED
2021 FEB -8 PM 2:08
OFFICE OF THE
COUNTY CLERK

PLEASE PRINT CLEARLY

1. Claimant: Mr. Mrs. Ms. Progressive Advanced Insurance Company A/S/O GOLDBERG, DAVID
2. Address: PO BOX 512929 LOS ANGELES CA 90051
3. Telephone No.: Business 877-818-0139 Residence _____
4. Date of Accident: 08-26-20
5. Location of Accident: KULA HWY
6. Amount of Claim: Property Damage \$ 13,942.92 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.
- PROGRESSIVE WAS TRAVELING ON KULA HIGHWAY WHEN THEY WERE REAR ENDED BY CITY OF MAUI VEHICLE. CITY VEHICLE FAILED TO MAINTIAN A SAFE SPEED AND PROPER LOOKOUT CAUSING THIS LOSS.
- _____
- _____
- _____
- _____

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

PO BOX 512929 LOS ANGELES CA 90051 Policy No. 20-1702201

- A. Did you file a claim with your insurance company? Y 500.00
If yes, amount claimed \$ 13,942.92 Deductible amount \$ _____
- B. If a claim was filed with your insurance company, what action do they intend to take?
SUBROGATION
- _____

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

Ashley Adams 2/11/21

(Signature of Claimant)

(Date)

PROGRESSIVE

Payment Address	Document Address
24344 Network Place	P.O. Box 512929
Chicago, IL 60673-1243	Los Angeles, Ca 90051
	Phone: (877)818-0139
	Fax: (888) 781-6947

2/1/2021 3:38:00 PM

Certified Mail Return Receipt Requested 9489 0090 0027 6301 1247 17

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

Your Client: MENDES, JESSE
Your Claim Number: 4066522
Our Insured: GOLDBERG, DAVID
Our Claim Number: 20-1702201
Amount Subject to Reimbursement: 13,942.92
Amount of Insured's Deductible: 500.00

Please take this as formal notice of our subrogation rights relative to the above -captioned claim. We have completed our investigation into the facts of the above-captioned loss and find that your insured was the proximate cause of the accident.

Location of Loss: KULA HWY IN KULA
Date and Time of Loss: 08-26-20 AT 8:15 AM

Description of Loss: PROGRESSIVE WAS TRAVELING ON KULA HIGHWAY WHEN THEY WERE REAR ENDED BY CITY OF MAUI VEHICLE. CITY VEHICLE FAILED TO MAINTIAN A SAFE SPEED AND PROPER LOOKOUT CAUSING THIS LOSS.

Please make your draft payable to Progressive Advanced Insurance Company as subrogee of "GOLDBERG, DAVID", in the amount stated above and mail it to the attention of the undersigned at your earliest convenience.

All supporting documentation is enclosed. Thank you for your anticipated, prompt attention to this matter.

Ashley Adamik 2/1/21

Progressive Subrogation
Progressive Advanced Insurance Company
Tel. 877-818-0139
Fax. 888-781-6947
GovernmentStatus@email.progressive.com

Claim Payment Detail (20-1702201)

Payment Information	
Disbursement Number: 365084633	Total Amount: \$654.60
Draft Number: 2033774394	Invoice Number: 75587283
Pay to the Order of: POLINA GOLDBERG AND DAVID GOLDBERG	
Mailing Address: 2441 S KIHEI RD APT E203 KIHEI, HI 96753-7223 USA	
In Payment Of:	Progressive Invoice Number: 75587283

Reviewed Summary	
Issuing Rep: A118289	Approved By:
Issue Date: 09-25-20	Review Date:
Last Updated Rep: A118289	Reviewed By:

Bank Information	
Type: Loss	Bank Code: 1CD
Stop Reason:	Cleared: 10-05-20
Stop Date:	

Exposure Detail: COLL	
Party Name: GOLDBERG, POLINA	Amount Paid: \$654.60
Property Description: 16 HONDA ODYSSEY	Deductible Taken: \$0.00
Payment Type: SUPPLEMENTAL PAYMENT	Property Damage: \$0.00
	Rental: \$0.00

Claim Payment Detail (20-1702201)

Payment Information

Disbursement Number: 365015053	Total Amount: \$12,990.84
Draft Number: 2033746554	Invoice Number: 75529657
Pay to the Order of: SOUTHERN CASCADES FINANCE CORP	
Mailing Address: 326 N BARTLETT ST MEDFORD, OR 97501-5920 USA	
In Payment Of: Progressive Invoice Number: 75529657	

Reviewed Summary

Issuing Rep: A118289	Approved By:
Issue Date: 09-23-20	Review Date:
Last Updated Rep: A118289	Reviewed By:

Bank Information

Type: Loss	Bank Code: 1CD
Stop Reason:	Cleared: 10-01-20
Stop Date:	

Exposure Detail: COLL

Party Name: GOLDBERG, POLINA	Amount Paid: \$12,990.84
Property Description: 18 HONDA ODYSSEY	Deductible Taken: \$0.00
Payment Type: FINAL PAYMENT	Property Damage: \$0.00
	Rental: \$0.00

Claim Payment Detail (20-1702201)

Payment Information

Disbursement Number: 365015059	Total Amount: \$1,979.69
Draft Number: 2033745001	Invoice Number: 75530000
Pay to the Order of: POLINA GOLDBERG AND DAVID GOLDBERG	
Mailing Address: 2441 S KIHEI RD APT E203 KIHEI, HI 96753-7223 USA	
In Payment Of: Progressive Invoice Number: 75530000	

Reviewed Summary

Issuing Rep: A118289	Approved By:
Issue Date: 09-23-20	Review Date:
Last Updated Rep: A118289	Reviewed By:

Bank Information

Type: Loss	Bank Code: 1CD
Stop Reason:	Cleared: 10-02-20
Stop Date:	

Exposure Detail: COLL

Party Name: GOLDBERG, POLINA	Amount Paid: \$1,979.69
Property Description: 16 HONDA ODYSSEY	Deductible Taken: \$500.00
Payment Type: SUPPLEMENTAL PAYMENT	Property Damage: \$0.00
	Rental: \$0.00

JIM FALK CHEVROLET CADILLAC BUICK GMC
 260 HANA HWY
 KAHULUI HI 96732
 808-270-2600

EMBROIDER CASH

RETAIL PURCHASE AGREEMENT

CUST # 74151
 DMV # 1094 102677

Salesperson: **JACK GERSHFELD** **LOLA GERSHFELD** **DEBRA M. GERSHFELD**

Date: **09/30/2020**

Address: **1830 LADERA VISTA DR FULLERTON CA 92631**

Telephone: **714-936-4561**

Telephone: **714-990-2300**

Color: **BLACK**

Make: **CHEVROLET**

Model: **SIERRA 1500**

Year: **2020**

MSRP: **46175.00** Dealer Price: **36175.00**

Invoice # **10TRP9K9LZ179040** VIN **1GTRK9K9LZ179040** Mileage **20** License # **803378**
 Salesperson **ANDREW J STEIL**

Model Year: **2020** Make: **CHEVROLET** Model: **SIERRA 1500** Color: **BLACK**

WARRANTY STATEMENT
 Any system or part of a vehicle that is covered by this warranty shall be repaired or replaced at no charge to the customer if it is found to be defective within the warranty period. This warranty does not cover normal wear and tear, damage caused by accidents, misuse, or neglect, or damage caused by environmental conditions. This warranty is void if the vehicle is used for commercial purposes, is involved in a collision, or is damaged by fire, theft, or flood. This warranty is limited to the original purchaser of the vehicle. For more information, please refer to the full warranty booklet provided with the vehicle.

CONTRACTUAL DISCLOSURE STATEMENT
 The information you see on this form for this vehicle is part of this contract. Information on this form is provided to you for your review in the context of sale. This contract is subject to the terms and conditions of the vehicle purchase agreement. Please read the contract carefully before signing.

CASH PRICE VEHICLE	46175.00
WARRANTY	2800.00
SALES TAX	171.00
REGISTRATION	50.00
SALES COMMISSION	2000.00
DEALER FEES	145.00
FINANCE CHARGES	52789.94
TRADE-IN VEHICLE	52789.94
SALES TAX	6000.00
REGISTRATION	46789.94

"AS IS"
 THIS VEHICLE IS SOLD "AS IS". YOU WILL HAVE TO PAY FOR ANY REPAIRS NEEDED AFTER SALE. IF WE HAVE MADE ANY PROMISES TO YOU, THE LAW SAYS WE MUST KEEP OUR PROMISES, EVEN IF WE SELL "AS IS". TO PROTECT YOURSELF, ASK US TO PUT ALL PROMISES IN WRITING.

TRADE-IN VEHICLE INFORMATION
 Make: **N/A** Model: **N/A** Year: **N/A** Color: **N/A** Mileage: **N/A** VIN: **N/A**

INSPECTION DISCLOSURE STATEMENT
 This vehicle has been inspected and found to be in good condition. There are no known defects or damage. The vehicle is being sold "as is" and the buyer assumes all responsibility for any repairs or damage after the sale.

OTHER MATERIAL UNDERSTANDINGS AND INTEGRATED DOCUMENTS
 The buyer acknowledges that they have read and understood the terms and conditions of this purchase agreement and all integrated documents. The buyer agrees to purchase the vehicle for the price and terms stated herein.

Customer's Initials: _____
Salesperson's or Dealer's Initials: _____

Date: **09/30/2020** Time: **08:26:23**
 Dealer: **JIM FALK** Phone: **808-270-2600**

Progressive Advanced Insurance Co

TOTAL LOSS

Estimate ID
3278093
Original

Claim Number
20-1702201-01

Owner
POLINA GOLDBERG

Insured
DAVID GOLDBERG

Appraiser
RICHARD WOODSON
(808) 342-8746 (Work)
rwoodso1@progressive.com

Classification
None

Progressive Advanced Insurance Co

Claim Number 20-1702201-01	Adjuster ISABEL KALIKO (808) 489-9294 (Work) a118289@progressive.com	Deductible 500.00 - Not Waived	Reported Date 08/26/2020
Loss Date 08/26/2020	Inspection Site Maui IAA 2000 Maui Veterans Hwy ***R BW0004***** Kahului, HI 96732		

2016 Honda Odyssey EX-L Passenger Van 3.5L 6 Cyl Gas Injected FWD

Exterior Color WHITE	License HI-LGG 769	VIN 5FNRL5H63GB037799	Condition Fair
Drivable No	Odometer 180235	Mitchell Service Code 911357	

Primary Point of Impact
Rear (6)

Options

4 Doors	Air Conditioning	Alum/Alloy Wheels	AM-FM Stereo	Anti-Lock Brake Sys. (ABS)
Auto Air Condition	Automatic Headlights	Auxiliary Input	Bluetooth Wireless Connectivity	CD Player
Cruise Control	Daytime Running Lights	Driver Seat With Power Lumbar Support	Driver-Front Air Bag	Dual A/C
Electric Defogger	Electronic Stability Control	First Row Bucket Seat	Front Heated Seats	Hard Drive
Heated Exterior Mirror	Interior Electrochromatic Mirror	Keyless Entry System	Leather Seats	Leather Steering Wheel
Left-Curtain Air Bag	Manual Sunroof	MP3 Player	Navigation Sys.	Passenger-Front Air Bag
Power Door Locks	Power Driver Seat	Power Driver Sliding Door	Power Passenger Seat	Power Passenger Sliding Door
Power Rear Liftgate	Power Remote Mirror	Power Steering	Power Windows	Privacy Glass
Rear Gate Wiper	Rear Heating, Ventilation & Air Conditionl	Rear Spoiler	Rearview Camera	Remote Decklid Or Tailgate Release
Satellite Radio	Second Row Bucket Seat	Second Row Side Airbag w/Head Protection	Side Airbags	Steering Wheel Mounted Audio Control

Theft Deterrent Sys.	Third Door	Third Row Seat	Tilt Steering Wheel	Tire Pressure Monitoring System
Traction Control/Electronic	Trip Computer	Universal Garage Door Opener		

DAVID GOLDBERG | 2016 Honda Odyssey EX-L

Parts Profile
Hawaii All Part Types

Parts Profile Version
2.0

Line #	Description	LABOR			PART				
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
Van Side Panel									
1	103666	R Van Side Panel	Repair	Body	2.0#*	Existing			
2	AUTO	R Van Side Panel Outside	Refinish Only	Refinish	2.8 C	Existing			
3	103667	L Van Side Panel	Repair	Body	5.0#*	Existing			
4	AUTO	L Van Side Panel Outside	Refinish Only	Refinish	2.4 C	Existing			
5	102749	R Van Side Center Rail Cover	Remove/Install	Body	0.2r	Existing			
6	102750	L Van Side Center Rail Cover	Remove/Install	Body	0.2r	Existing			
Quarter Glass									
7	100209	R Quarter Glass	Remove/Install	Glass	2.8#	Existing			
8	100210	L Quarter Glass	Remove/Install	Glass	2.8#	Existing			
Liftgate									
9	103955	Liftgate Shell (Steel/Hss)	Remove/Replace	Body	5.2#	New	68100-TK8-406ZZ	1	\$1,110.52 Yes
10	AUTO	Liftgate Outside	Refinish Only	Refinish	2.1 C				
11	AUTO	Add For Liftgate Inside	Refinish Only	Refinish	1.3 C				
12	AUTO	Add w/Pinch Sensor	Remove/Replace	Body	0.8				
13	100086	Liftgate Emblem	Remove/Replace	Body	INC	New	75701-TK8-A01	1	\$36.68 Yes
14	100102	Liftgate Adhesive Nameplate	Remove/Replace	Body	0.1	New	75722-TK8-A00	1	\$52.87 Yes
15	103849	Liftgate License Plate Garnish	Remove/Replace	Body	INC#	New	74890-TK8-A31ZA	1	\$266.48 Yes
16	104101	Liftgate Switch	Remove/Replace	Body	INC	New	38369-TK8-A01	1	INC Yes
17	100136	Lwr Liftgate Inner Trim Panel	Remove/Replace	Body	INC#	New	ORDER FROM DEALER	1	\$115.62 Yes
18	100738	Liftgate Glass	Remove/Replace	Glass	INC#	New	73211-TK8-A01	1	\$584.93 Yes
Rear Body									
19	104027	Rear Body Panel Assy	Remove/Replace	Body	13.0#	New	65750-TK8-306ZZ	1	\$268.65 Yes
20	AUTO	Rear Body Panel	Refinish Only	Refinish	1.6 C				
21	AUTO	Add For Inside	Refinish Only	Refinish	1.0				
22	104375	Rear Body Rear Floor Pan	Remove/Replace	Body	5.5#	New	04652-TK8-305ZZ	1	\$629.10 Yes
23	AUTO	Floor Pan Assy	Refinish Only	Refinish	1.5				
24	AUTO	Add For Underside	Refinish Only	Refinish	0.8				
Rear Lamps									
25	100200	L Rear Combination Lamp	Remove/Install	Body	INC	Existing			
26	103496	R Rear Combination Lamp	Remove/Replace	Body	INC	New	33500-TK8-A11	1	\$305.82 Yes

Line #	Description	LABOR				PART			
		Operation	Type	Total Units	Type	Number	Qty	Total Price	Tax
27	103498 R Rear Combination Lamp Assembly	Remove/Replace	Body	INC#	New	34150-TK8-A11	1	\$278.23	Yes
28	103499 L Rear Combination Lamp Assembly	Remove/Replace	Body	INC#	New	34155-TK8-A11	1	\$278.23	Yes
Rear Bumper									
29	AUTO Rear Bumper Cover Assy	Overhaul	Body	0.9	Existing				
30	104423 Rear Bumper Cover	Remove/Replace	Body	INC	New	04715-TK8-A90ZZ	1	\$511.67	Yes
31	AUTO Rear Bumper Cover	Refinish Only	Refinish	3.0 C					
32	101768 Rear Bumper Reinforcement Bar (HSS)	Remove/Replace	Body	INC#	New	71530-TK8-A10ZZ	1	\$312.07	Yes
33	AUTO Rear Bumper Assy	Remove/Install	Body	INC					
34	101767 Rear Bumper Impact Absorber	Remove/Replace	Body	INC	New	71570-TK8-A00	1	\$48.28	Yes
Additional Costs & Materials									
35	934012 HAZARDOUS WASTE DISPOSAL	Additional Cost						\$3.00*	Yes
36	AUTO Paint/Materials	Additional Cost						\$640.00*	Yes
Additional Operations									
37	AUTO Three Stage	Additional Operation	Refinish	6.1				\$0.00	
Special / Manual Entry									
38	900500 CORROSION PROTECTION	Refinish Only	Refinish*	0.3*	Sublet	Sublet	1	\$10.00*	
39	900500 SAFETY CHECK STICKER REPLACEMENT	Remove/Replace	Body*	0.0*	Sublet	Sublet	1	\$25.00*	Yes
40	900500 CAR COVER	Repair	Refinish*	0.3*	Sublet	Sublet	1	\$5.00*	

* Judgment Item

T Included in Two Tone Calculation

Labor Note Applies

d Discontinued by Manufacturer

C Included in Clear Coat Calculation

A Included in Clear Coat and Two Tone Calculation

r CEG R&R Time Used for this Labor Operation

Estimate Totals

Labor	Units	Rate	Sublet Add'l Amount	Totals
Body Labor	32.9	\$55.00		\$1,809.50
Refinish Labor	23.2	\$55.00	\$5.00	\$1,281.00
Glass Labor	5.6	\$55.00		\$308.00
Total Labor	61.7			\$3,398.50
			Taxable	\$3,398.50
			Tax (4.170)%	\$141.72
			Non-Taxable	\$0.00
			Labor Total	\$3,540.22
Parts		Amount		
Taxable Parts		\$4,824.15		\$4,824.15
			Parts Adjustments	\$1,919.66
			Tax (4.170)%	\$281.22
			Non-Taxable	\$10.00
			Parts Total	\$7,035.03
Costs		Amount		
Other Additional Costs		\$3.00		\$3.00
Paint Materials		\$640.00		\$640.00

Estimate Totals

Paint Materials Rate: \$35.00		Taxable	\$643.00
Rate Max: 99.9 units		Tax (4.170)%	\$26.81
Additional Rate: \$0.00		Non-Taxable	\$0.00
Gross Totals	Amount	Costs Total	\$669.81
Gross Total	\$11,245.06		\$11,245.06
Adjustments	Amount	Taxable	\$10,785.31
Deductible	-\$500.00	Tax	\$449.75
Total Customer Responsibility		Non-Taxable	\$10.00
		Gross Total	\$11,245.06
			-\$500.00
			-\$500.00
		Net Estimate Total	\$10,745.06

"All manufacturers requirements regarding seat belt and supplemental restraint system replacement must be adhered to. If additional parts or operations are necessary to properly accomplish this, please contact the estimating claims rep."

This is a damage assessment only - Not an authorization to repair-based on damage visible or certain at the time it was written.

If frame or unibody repair is included on this estimate, the amount shown includes time or allowance for measuring before, during and after those repairs.

The owner of the vehicle may select the repair facility of his/her choice.

To ensure proper and prompt payment for additional damage discovered during the course of repairs, contact Progressive for supplement handling procedures.

Progressive honors the prevailing labor market rate in your area for your property. If you choose a shop that charges in excess of the prevailing labor market rates, you will be responsible for the difference.

Lifetime guarantee for sheet metal and plastic body parts

The replacement parts written on the estimate are intended to return your vehicle to its pre-loss condition with proper installation. After repair, if any sheet metal or plastic body part included in the estimate falls to return your vehicle to its pre-loss condition

(assuming proper installation), in terms of form, fit, finish, durability or functionality, Progressive will arrange and pay for the replacement of the part, to the extent not covered by a manufacturer's or other warranty. This service will be performed at no cost to you (including associated repair and rental car costs). To obtain service under this Guarantee, call Progressive at 1-800-274-4641. This Guarantee applies as long as you own or lease the vehicle. This Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

This guarantee does not cover normal wear and tear or damage caused by improper maintenance, neglect, abuse or subsequent accident. This guarantee is limited to arranging for the selection of repair parts that will return your vehicle to its pre-loss condition. Accordingly, Progressive will not be liable for any indirect, incidental or consequential damages that result from the installation or use of these parts.

Part Type Terms and Abbreviations

NEW and OEM or part number displayed - These refer to a new, original equipment manufacturer part.

A/M Certified: This refers to a new, certified non-original equipment manufacturer replacement part.

A/M: This refers to a new, non-original equipment manufacturer replacement part.

Recycled: This refers to a used OEM part.

Remanufactured and Recond. and Recore: These refer to recycled OEM parts that have been rebuilt or refurbished.

OE Discount: This refers to new OEM parts, that are excess inventory from the Original Equipment Manufacturer.

Recovered OE - This refers to parts removed from a new vehicle for various reasons.

Progressive's Lifetime Guarantee does not cover repairs you request the shop to make that are not related to this accident, including but not exclusive to unrelated prior damage and pre-existing damage.

Repair shop's authorized representative's signature indicating agreement on cost to return the vehicle to pre-loss condition including tow/storage charges:

Shop Signature: _____ Est. completion Date: _____

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or file a claim containing a false or deceptive statement is guilty of insurance fraud.

"All manufacturers requirements regarding seat belt and supplemental restraint system replacement must be adhered to. If additional parts or operations are necessary to properly accomplish this, please contact the estimating claims rep."

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If frame or unibody repair is included on this estimate, the amount shown includes time or allowance for measuring before, during and after those repairs.

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Progressive honors the prevailing labor market rate in your area for your property. If you choose a shop that charges in excess of the prevailing labor market rates, you will be responsible for the difference.

Lifetime guarantee for sheet metal and plastic body parts

The replacement parts written on the estimate are intended to return your vehicle to its pre-loss condition with proper installation. After repair, if any sheet metal or plastic body part included in the estimate fails to return your vehicle to its pre-loss condition (assuming proper installation), in terms of form, fit, finish, durability or functionality, Progressive will arrange and pay for the replacement of the part, to the extent not covered by a manufacturer's or other warranty. This service will be performed at no cost to you (including associated repair and rental car costs). To obtain service under this Guarantee, call Progressive at 1-800-274-4641. This Guarantee applies as long as you own or lease the vehicle. This Guarantee is not transferable and terminates if you sell or otherwise transfer your vehicle.

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Remanufactured and Recond. and Recore: These refer to recycled OEM parts that have been rebuilt or refurbished.

OE Discount: This refers to new OEM parts, that are excess inventory from the Original Equipment Manufacturer.

Recovered OE - This refers to parts removed from a new vehicle for various reasons.

Progressive's Lifetime Guarantee does not cover repairs you request the shop to make that are not related to this accident, including but not exclusive to unrelated prior damage and pre-existing damage.

Repair shop's authorized representative's signature indicating agreement on cost to return the vehicle to pre-loss condition including tow/storage charges:

Shop Signature: _____ Est. completion Date: _____

Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or file a claim containing a false or deceptive statement is guilty of insurance fraud.

Disclaimer: Any person who knowingly presents a false claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Cycle Time Information

Due In 8/31/2020

Estimate Event Log

Job Created	8/31/2020 04:38 AM
Estimate Started	8/31/2020 11:27 AM
Estimate Printed	8/31/2020 01:53 PM
Estimate Committed	8/31/2020 01:53 PM

Vehicle Valuation Report

Progressive Group of Insurance Companies (800) 321-9843



Claim Information

Claim No.	20-1702201-01	Loss Type	COLLISION	Location	POLINA GOLDBERG 2441 S KIHEI RD APT E203 KIHEI, HI 96753 +1-714-4575150
Report Date	08/26/2020	Loss Date	08/26/2020	Policy No.	1010598825
		Report Date	08/31/2020	Adjustment No.	1

Vehicle Information

Year	2016	Make	Honda	Model	Odyssey EX-L w/Navi 4 Door Passenger Van 118" WB 3.5L 6 Cyl Gas A FWD	State	HI 96732	Mileage	180,235 miles
Color	White Diamond Pearl	VIN	5FNRL5H63GB037799						

Valuation Summary

Loss Vehicle Adjustments

Market Value	\$16,682.64
Trade-In Allowance	\$1,212.11
Depreciation	\$0.00
Accessory Allowance	\$0.00
Recall Allowance	\$0.00
Market Value =	\$15,470.53

Settlement Adjustments

Adjustment for depreciation	\$500.00
Settlement Value =	\$14,970.53

Settlement Value:
\$14,970.53

Loss Vehicle Detail

Loss vehicle: 2016 Honda Odyssey | EX-L w/Navi 4 Door Passenger Van 118" WB | 3.5L 6 Cyl Gas A FWD

Standard Equipment

Exterior

Black grille w/chrome accents	Body-Colored Front Bumper w/Chrome Rub Strip/Fascia Accent
Body-Colored Power Heated Side Mirrors w/Manual Folding	Body-colored rear step bumper
Chrome door handles	Chrome Side Windows Trim, Black Front Windshield Trim and Black Rear Window Trim
Clearcoat paint	Compact Spare Tire Mounted Inside
Deep tinted glass	Express Open/Close Sliding And Tilting Glass 1st Row Sunroof w/Sunshade
Fixed Rear Window w/Fixed Interval Wiper and Defroster	Front Windshield -inc: Sun Visor Strip
Fully Automatic Projector Beam Halogen Daytime Running Headlamps w/Delay-Off	Galvanized Steel/Aluminum Panels
LED brakelights	Lip spoiler
Power Liftgate Rear Cargo Access	Power Sliding Rear Doors
Speed sensitive variable intermittent wipers	Steel spare wheel
Tailgate/Rear Door Lock Included w/Power Door Locks	Tires: P235/65R17 103T AS
Wheels: 17" x 7" Alloy	

Interior

2 12V DC Power Outlets	2 LCD Monitors In The Front
4 Seatback Storage Pockets	7 Speakers
8 Person Seating Capacity	Air filtration
Analog Display	Audio Theft Deterrent
Bluetooth HandsfreeLink Wireless Phone Connectivity	Cargo Space Lights
Carpet Floor Trim	Cruise control w/steering wheel controls
Day-Night Auto-Dimming Rearview Mirror	Delayed Accessory Power
Driver And Front Passenger Armrests and Rear Center Armrest Rear Seat Mounted Armrest w/Storage	Driver And Passenger Visor Vanity Mirrors w/Driver And Passenger Illumination
Driver foot rest	Engine Immobilizer
Fade-to-off interior lighting	Fixed 60-40 Split-Bench 3rd Row Seat Front, Manual Recline, Manual Fold Into Floor, 3 Manual and Adjustable Head Restraints
Fm Traffic Real-Time Traffic Display	FOB Controls -inc: Trunk/Hatch/Tailgate, Windows and Sunroof/Convertible Roof
Front And Rear Map Lights	Front Cupholder
Full Carpet Floor Covering -inc: Carpet Front And Rear Floor Mats	Full cloth headliner
Gauges -inc: Speedometer, Odometer, Engine Coolant Temp, Tachometer, Trip Odometer and Trip Computer	Heated Front Bucket Seats -inc: driver's seat w/10-way power adjustment and power lumbar support, and front passenger's seat w/4-way power adjustment
HomeLink Garage Door Transmitter	HVAC -inc: Underseat Ducts and Headliner/Pillar Ducts
Illuminated locking glove box	Instrument Panel Covered Bin, Refrigerated/Cooled Box Located In The Console, Driver / Passenger And Rear Door Bins
Integrated Navigation System w/Voice Activation	Interior Trim -inc: Metal-Look/Plano Black Instrument Panel Insert, Chrome And Metal-Look Interior Accents
Leather gear shift knob	Leather Seat Trim -inc: front and outboard 2nd-row

Leather/Metal-Look Steering Wheel

Manual Anti-Whiplash Adjustable Front Head Restraints and Manual Adjustable Rear Head Restraints

Outside temp gauge

Power 1st Row Windows w/Driver And Passenger 1-Touch Up/Down

Power Rear Windows, Fixed 3rd Row Windows and w/Manual Sun Blinds

Radio w/Seek-Scan, Clock, Speed Compensated Volume Control, Aux Audio Input Jack, Steering Wheel Controls, Voice Activation, Radio Data System, External Memory Control and Internal Memory

Rear cupholder

Remote Keyless Entry w/Integrated Key Transmitter, 2 Door Curb/Courtesy, Illuminated Entry, Illuminated Ignition Switch and Panic Button

Removable Bucket Folding Captain Front Facing Manual Reclining Fold Forward Seatback Rear Seat w/Manual Fore/Aft and Side-To-Side Sliding

Systems Monitor

Trunk/Hatch Auto-Latch

Voice Activated Dual Zone Front Automatic Air Conditioning

Wireless Streaming

Mechanical

21 Gal. Fuel Tank

4.25 Axle Ratio

Front Anti-Roll Bar

Gas-pressurized shock absorbers

Hydraulic Power-Assist Speed-Sensing Steering

Single stainless steel exhaust

Transmission w/Driver Selectable Mode

Safety

ABS And Driveline Traction Control

Curtain 1st, 2nd And 3rd Row Airbags

Dual Stage Driver And Passenger Seat-Mounted Side Airbags

Lane departure warning

Outboard Front Lap And Shoulder Safety Belts -inc: Rear Center 3 Point, Height Adjusters and Pretensioners

Right Side Camera and Back-Up Camera

VSA Electronic Stability Control (ESC)

Leatherette Door Trim Insert

Manual tilt/telescoping steering column

Perimeter alarm

Power Door Locks w/Autolock Feature

Proximity Key For Doors And Push Button Start

Radio: 246-Watt AM/FM/CD Audio System w/7 Speakers -inc: subwoofer, SiriusXM radio, HondaLink featuring Aha compatibility, audio touch-screen, i-MID w/8-inch high-resolution WVGA (800x480) screen, customizable feature settings and interface dial, Pandora compatibility, Bluetooth HandsFreeLink, Bluetooth streaming audio, SMS text message function, USB audio interface, MP3/auxiliary input jack, MP3/Windows Media Audio (WMA) playback capability, and Radio Data System (RDS)

Rear HVAC w/Separate Controls

Remote Releases -inc: Power Trunk/Hatch and Mechanical Fuel

Removable Floor Console w/Covered Storage, Mini Overhead Console w/Storage, Conversation Mirror and 2 12V DC Power Outlets

Trip computer

Valet Function

Window Grid Antenna

4-Wheel Disc Brakes w/4-Wheel ABS, Front Vented Discs and Brake Assist

Battery w/run down protection

Front-wheel drive

GVWR: 6,019 lbs

Multi-link rear suspension w/coil springs

Strut Front Suspension w/Coil Springs

Airbag Occupancy Sensor

Dual Stage Driver And Passenger Front Airbags

Forward Collision

Low Tire Pressure Warning

Rear child safety locks

Side impact beams

Optional Equipment

DOOR SILL TRIM

*DIO/PIO = Dealer/Port Installed Options

Loss Vehicle Base Value

Loss vehicle: 2016 Honda Odyssey | EX-L w/Navl 4 Door Passenger Van 118" WB | 3.5L 6 Cyl Gas A FWD

Comparable Vehicle Information

Search Radius used for this valuation: 75 miles from loss vehicle zip/postal code.

Typical Mileage for this vehicle: 63,000 miles

#	Vehicle Description	Mileage	Location	Distance From Loss Vehicle	Price	Adjusted Value
1	2016 HONDA ODYSSEY EX-L PASSENGER VAN 6 3.5NORMAL GAS A 2WD	61,777	96732	0 miles	\$23,995.00 List Price	\$17,862.52
2	2016 HONDA ODYSSEY EX-L PASSENGER VAN 6 3.5NORMAL GAS A 2WD	39,298	96732	0 miles	\$21,995.00 List Price	\$14,244.00
3	2016 HONDA ODYSSEY LX PASSENGER VAN 6 3.5NORMAL GAS A 2WD	60,396	96753	10 miles	\$19,995.00 List Price	\$17,941.40
Base Value:						\$16,682.64

Loss Vehicle Adjustments

Loss vehicle: 2016 Honda Odyssey | EX-L w/Navl 4 Door Passenger Van 118" WB | 3.5L 6 Cyl Gas A FWD

Condition Adjustments

Condition Adjustment: -\$1,212.11 Overall Condition: 2.81-Good Typical Vehicle Condition: 3.00

Category	Condition	Comments
Interior		
GLASS	3 Good	
DOORS/INTERIOR PANELS	2 Fair	passenger front door trim damaged. Ripped.
SEATS	3 Good	
CARPET	1 Poor	significant wear staining
DASH/CONSOLE	3 Good	
HEADLINER	2 Fair	removable stains
Exterior		
PAINT	3 Good	
TRIM	2 Fair	missing ft cover inserts. all wheels scratching oxidizing
BODY	3 Good	
VINYL/CONVERTIBLE TOP	Typical	Not applicable.
Mechanical		
ENGINE	3 Good	
TRANSMISSION	3 Good	
Tire	3 Good	new tread 10, lf8 rf8 rr7 lr7

Typical Vehicle Condition reflects a condition similar to the same year, make and model. Amount of wear and tear/ damage consistent with its age.

Comments:

Comparable Vehicles

Loss vehicle: 2016 Honda Odyssey | EX-L w/Navi 4 Door Passenger Van 118" WB | 3.5L 6 Cyl Gas A FWD

1 2016 HONDA ODYSSEY EX-L PASSENGER VAN 6 3.5 NORMAL GAS A2WD List Price: \$23,995.00

VIN	Stock No	Listing Date	ZIP/Postal Code	Distance from Loss Vehicle
5FNRL5H60GB003416	GB003416A	08/26/2020	96732	0 miles

Source

DEALER WEB LISTING - CARS.COM
 ISLAND HONDA
 110 HANA HWY
 KAHULUI HI 96732
 808-495-8100

Adjustments	Loss Vehicle	This Vehicle	Amount
Projected Sold Adjustment			-\$880.00
Vehicle Configuration Adjustment			\$1,192.70
Mileage	180,235	61,777	-\$6,470.20
Equipment			
DOOR SILL TRIM	Yes	No	\$156.40
ALL SEASON FLOOR MATS	No	Yes	-\$131.38
Total Adjustments:			-\$6,132.48
Adjusted Price:			\$17,862.52

Comparable Vehicle Option Details:
 ALL SEASON FLOOR MATS

2016 HONDA ODYSSEY EX-L PASSENGER VAN 6 3.5 NORMAL GAS A2WD

List Price: \$21,995.00

VIN: 5FNRL5H66GB026859 Stock No: GB026859A Listing Date: 06/28/2020 ZIP/Postal Code: 96732 Distance from Loss Vehicle: 0 miles

Adjustments

DEALER WEB LISTING -
AUTOTRADER.COM
ISLAND HONDA
110 HANA HWY
KAHULUI HI 96732
808-873-8081

Adjustments	Loss Vehicle	This Vehicle	Amount
Projected Sold Adjustment			-\$806.00
Vehicle Configuration Adjustment			\$1,093.32
Mileage	180,235	39,298	-\$8,061.24
Equipment			
DOOR SILL TRIM	Yes	No	\$143.36
ALL SEASON FLOOR MATS	No	Yes	-\$120.44
Total Adjustments			-\$7,751.00
			Adjusted Price: \$14,244.00

ALL SEASON FLOOR MATS

2016 HONDA ODYSSEY LX PASSENGER VAN 6 3.5 NORMAL GAS A2WD

List Price: \$19,995.00

VIN: 5FNRL5H23GB013922 Stock No: R2055 Listing Date: 08/07/2020 ZIP/Postal Code: 96753 Distance from Loss Vehicle: 10 miles

Adjustments

DEALER WEB LISTING - VAST.COM
KIHEI AUTO SALES LOT 2
368 HUKU LII PLACE
KIHEI HI 96753
808-875-8782

Adjustments	Loss Vehicle	This Vehicle	Amount
Projected Sold Adjustment			-\$733.00
Vehicle Configuration Adjustment			\$5,191.03
Mileage	180,235	60,396	-\$6,668.96
Equipment			
DOOR SILL TRIM	Yes	No	\$157.33
Total Adjustments			-\$2,053.60
			Adjusted Price: \$17,941.40

Sub-Model Comparison

Sub-Model Description	Configuration	Original MSRP
2016 Honda Odyssey EX-L w/Navl	4 Door Passenger Van 118" WB 3.5L 6 Cyl Gas FWD	\$37,925.00
2016 HONDA ODYSSEY EX-L	PASSENGER VAN 6 3.5 NORMAL GAS A 2WD	\$35,925.00
2016 HONDA ODYSSEY LX	PASSENGER VAN 6 3.5 NORMAL GAS A 2WD	\$29,275.00

Vehicle Valuation Methodology Explanation

WorkCenter Total Loss was designed and built in conjunction with J.D. Powers, experts in data analysis and vehicle pricing and a highly trusted name among consumers. With years of experience in vehicle pricing, J.D. Power is a credible, third-party expert whose name provides consumer recognition and confidence. WCTL provides a consistent methodology across all vehicles and it includes valid comparable vehicles that most closely resemble the totaled vehicle and are similar to the vehicles a consumer would find in their own research.

WorkCenter Total Loss produces accurate and easy-to-understand vehicle valuations via this five step process:

Step 1 - Locate Comparable Vehicles

Locate vehicles that are the closest match to the loss vehicle in the same market area. WorkCenter Total Loss utilizes consumer-based vehicle sources along with inventory directly from Dealerships. When available WCTL also provides sold vehicle records from sources such as J.D. Powers.

Step 2 - Adjust Comparable Vehicles

Make adjustments to the prices of the comparable vehicles. The comparable vehicles are identical to the loss vehicle except where adjustments are itemized. There are several types of comparable vehicle adjustments

- Projected Sold Adjustment - an adjustment to reflect consumer purchasing behavior (negotiating a different price than the listed price).
- Vehicle Configuration Adjustment- an adjustment for differences in configuration between the comparable vehicle and the loss vehicle (e.g. differences in trim).
- Mileage Adjustment - an adjustment for differences in mileage between the comparable vehicle and the loss vehicle.
- Equipment- adjustments for differences in equipment between the comparable vehicle (e.g. equipment packages and options) and the loss vehicle.

Step 3 - Calculate Base Vehicle Value

The base vehicle value is calculated by averaging the adjusted prices of the comparable vehicles.

Step 4 - Calculate Loss Vehicle Adjustments

There are four types of loss vehicle adjustments:

- Condition Adjustment:
Adjustments to account for the condition of the loss vehicle prior to the loss.
- Prior Damage Adjustment:
Adjustments to account for any prior damage present on the loss vehicle prior to the loss.
- After Market Part Adjustment:
Adjustments to account for any after market parts present on the loss vehicle prior to the loss.
- Refurbishment Adjustment:
Adjustments to account for any refurbishment performed on the loss vehicle prior to the loss.

Step 5 - Calculate the Market Value

The Market Value is calculated by applying the loss vehicle adjustments to the base value.

Progressive Group of Insurance Companies

Settlement Summary**Claim Information****Claim Number:** 20-1702201-01**Coverage Type of Loss:** Collision**Policy Number:****Loss Date:** 08/26/2020**Owner :** GOLDBERG, POLINA**Reported Date:** 08/26/2020**Valuation Report ID:** 1010598825**Vehicle Information****Loss Vehicle:** 2016 Honda Odyssey EX-L w/Navl 4 Door
Passenger Van 118" WB 3 5L 6 Cyl Gas A FWD**Location:** HI 96732**VIN:** 5FNRL5H63GB037799**Exterior Color:** White Diamond Pearl**Mileage:** 180,235 miles**License Plate:****Loan Information****Payment Information****Lien Holder Payoff:**

\$0.00

Lien Holder Payment(s):

\$0.00

Loan/Lease Payoff Coverage:

\$0.00

Net to Owner:

\$14,970.53

Settlement

Stated Amount:	\$0.00
Actual Cash Value:	\$15,470.53
Base Value	\$16,682.64
Title History Adjustment	-\$0.00
Refurbishment Adjustments	\$0.00
After Market Parts Adjustment	\$0.00
Condition Adjustment	-\$1,212.11
Prior Damage Adjustment	-\$0.00
Market Value:	\$ 15,470.53
Settlement Adjustment(Pre-Tax)	\$0.00
Fees:	\$0.00
Taxes:	\$0.00
Company Obtains:	\$0.00
Net Settlement:	\$15,470.53
Settlement Adjustment(Post-Tax)	\$0.00
Deductible:	-\$500.00
Other Adjustments:	\$ 0.00
Total Settlement:	\$14,970.53

Adjuster License #:**Comments:**



Wailuku, HI 96793

Report No.:	20030178	Request Date:	8/26/2020
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Date Reported:	8/26/2020
Accident Date:	8/26/2020
Offense:	
Time of Incident:	8:05a
Driver A:	Polina Goldberg
Driver B:	

Accident Location:	Kula
Requested by:	Isabel Kaliko
Phone:	808-489-9294
Requesting Agency:	Progressive Advanced Insurance Company 1585 Kapiolani Blvd #1300 Honolulu, HI 96814
Claim No:	20-1702201
Name of Insured:	David Goldberg

Please accept this letter as an authorization to release all pertinent information related to the above mentioned report to Progressive Advanced Insurance Company

Thank you.

Signature

Print

MAILED

9/11/20 my MVA manager

WJ

RECEIVED
 2020 AUG 31 PM 2:41
 HAWAII POLICE DEPT.
 INVESTIGATIVE SECTION

RECEIVED

SEP 17 2020

PROGRESSIVE

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Page 1 of 11 DOT-1-174A (HWY-T) Rev. 06/08

Report Number: **20-030178**

(1) Crime Code		(2) County		(3) District		(4) Beat		(5) Watch		(6) Date/Time/Day Occurred			(7) Date/Time/Day Reported																
		MAU		I		33		2		08/26/2020 08:15 WE			08/26/2020 08:28 WE																
(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 2 0 0 0 0		WITN KILLED INJ 1 0 3			<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"/> 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)																		
(16) Times Police		(18) Weather Conditions (Select up to 2)						(19) Light/Lighting																					
Sent: 08:16 Arrive: 08:28		<input checked="" 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 checked="" 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 type="radio"/> Dark/Unknown (08) <input type="radio"/> Dusk (03) <input type="radio"/> Dark/Lights off (06) <input type="radio"/> Unknown (09)																					
(17) Times EMS		Sent: 08:16 Arrive: 08:26																											
(20) Location				(21) Traffic Level		(22) Trafficway Description						(23) GPS Location																	
<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 type="radio"/> No Development (07) <input type="radio"/> Industrial (04) <input checked="" type="radio"/> Other (08)				<input checked="" type="radio"/> Light (01) <input type="radio"/> Medium (02) <input type="radio"/> Heavy (03)		<input 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 checked="" 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																				
KULA HWY						KULA			<input 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.)																							
37		8		AT (.7 MI WEST OF)		LOWER KULA RD (MP8)																							
(31A) Location of First Harmful Event						(31B) Action																							
Intersection 01 Intersection Area 02 Driveway Access On Roadway - Not at Intersection 10 Left or Inner Lane 11 Right or Outer Lane 12 Other Main Lane 13 Merge/Transition Lane 14 Acceleration Lane 15 Deceleration Lane 16 Left Turn Lane 17 Right Turn Lane 18 Bikeway 19 Bus/HOV/Zipper Lane Off Roadway 20 Left Shoulder 21 Right Shoulder 22 Left Roadside 23 Right Roadside 24 Median						Off Roadway (Cont.) 25 Median Crossover 26 Outside ROW (Trafficway) Off Roadway - Other 30 Driveway 31 Private Road 32 Parking Lot Other Roadway 40 Entrance/Exit Ramp 41 Railway Crossing 42 Midblock Crosswalk 43 HOV Crossover Lane 44 Gore 45 Separator 46 Parking Lane 47 Emergency Escape Ramp 48 Other(Specify in Synopsis Block)						Non-Collision 01 Overturn/Rollover on Roadway 02 Overturn/Rollover off Roadway 03 Submersion 04 Fire/Explosion 05 Jackknife 06 Ran off Roadway 07 Cargo/Equipment Loss or Shift 08 Fell/Jumped from Motor Vehicle 09 Downhill Runaway 10 Separation of Units 11 Cross Median/Centerline 12 Equipment Failure 13 Thrown or Falling Objects 14 Other Non-Collision (Specify in the Synopsis Block) Collision with Object/Animal 20 Overhead Cables 21 Guardrail Face 22 Guardrail End 23 Culvert 24 Ditch 25 Bridge Overhead Structure 26 Bridge Pier or Support 27 Bridge Rail 28 Building 29 Tunnel						Collision with Object/Animal (Cont.) 30 Curb 31 Embankment/Retaining Wall 32 Fence 33 Utility Pole/Light Support 34 Traffic Signal/Sign Post 35 Other Post/Pole/Support 36 Impact Attenuator/Crash Cushion 37 Concrete Traffic Barrier 38 Other Traffic Barrier 39 Tree (Standing) 40 Hydrant 41 Mailbox 42 Animal 43 Other (Specify in the Synopsis Block) Collision with Person 50 Unknown 51 Crossing in Crosswalk 52 Crossing Outside Crosswalk 53 Crossing no Crosswalk 54 Darting Out 55 Walking in Roadway 56 Playing/Exercising in Roadway 57 Directing Traffic 58 Pushing/Working on Vehicle 59 Getting On/Off Vehicle 60 Roadwork 61 Other (Specify in Synopsis Block)						Collision with Bicycle or Moped 70 Unknown 71 Riding in Bikeway 72 Riding Outside of Bikeway 73 Riding in Road/No Bikeway 74 Riding off Roadway 75 Crossing Roadway 76 Fell In/On Roadway 77 Other (Specify in Synopsis Block) Collision with MV in Transport (Except Moped) 80 Head On 81 Rear End 82 Sideswipe - Same Direction 83 Sideswipe - Opposite Direction 84 Angle - Same Direction 85 Angle - Opposite Direction 86 Angle - Not Specified 87 Broadside 88 Rear to Side 89 Rear to Rear 90 Other (Specify in Synopsis Block) Collision with MV - Other 100 MV in Other Roadway 101 Railway Vehicle (Train/Engine) 102 Parked MV 103 Work Zone/Maintenance Equip.					
Enter the Location of the FIRST HARMFUL EVENT (31A)																													
(31) Sequence of Events																													
#	Unit	Unit/0	(31B) Action	#	Unit	Unit/0	(31B) Action																						
1	01	02	90																										
Enter the Sequence number of the FIRST HARMFUL EVENT (31C)																													
Enter the Sequence number of the MOST HARMFUL EVENT (31D)																													
Officer's Rank and Name				Officer's ID Number		Date/Time		Supervisor's Rank and Name		Supervisor's ID Number		Date/Time																	
PO2 KAMAKA, ZACHARY R				15486		9/5/20 19:20		PO2 DESAMITO, CESAR		11869		9/5/20 19:22																	

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: **20-030178**

(32) Unit No. (33) No. of Occ.		UNIT INFORMATION																																						
01	1	(34) Unit Class					(35) Race																																	
<input type="radio"/> Passenger Car (01) <input type="radio"/> Passenger Van (02) <input type="radio"/> Pickup Truck (03) <input type="radio"/> SUV/MPVH(04) <input type="radio"/> Cargo Van < 10,001 lbs. (05) <input checked="" type="radio"/> Other Truck < 10,001 lbs. (06) <input type="radio"/> Truck > 10,000 lbs. (07) <input type="radio"/> Transit Bus (08)		<input type="radio"/> School Bus (09) <input type="radio"/> Other Bus (10) <input type="radio"/> Motorcycle (11) <input type="radio"/> Motor Scooter (12) <input type="radio"/> Moped (13) <input type="radio"/> Bicycle (14) <input type="radio"/> Pedestrian (15) <input type="radio"/> Maint./Construct. Equipment (16)		<input type="radio"/> Farm Vehicle/Equipment (17) <input type="radio"/> Motor Coach (18) <input type="radio"/> Motor Home (19) <input type="radio"/> Recreational Vehicle (20) <input type="radio"/> Other (21) <input type="radio"/> Unknown (22)			<input checked="" type="radio"/> White (01) <input type="radio"/> Black (02) <input type="radio"/> American Indian (03) <input type="radio"/> Chinese (04) <input type="radio"/> Japanese (05) <input type="radio"/> Korean (06) <input type="radio"/> Puerto Rican (07)					<input type="radio"/> Hawaiian (08) <input type="radio"/> Samoan (09) <input type="radio"/> Tongan (10) <input type="radio"/> Vietnamese (11) <input type="radio"/> Filipino (12) <input type="radio"/> Unknown (13) <input type="radio"/> Other (14)																												
(36) Last Name			(37) First Name			(38) MI	(39) Sex		(40) DOB																															
MENDES			JESSE			RODRIG	<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																																
[REDACTED]		[REDACTED]				[REDACTED]		[REDACTED]																																
(45) City			(46) State			(47) Zip Code		(48) Home Phone Number																																
WAIHEE			HI			96761		[REDACTED]																																
(49) Occupation					(50) Employer/Company Name																																			
<input type="radio"/> Unemployed (00) <input type="radio"/> Fed. Govt. Civ. (07) <input type="radio"/> Student - H.S. (14) <input type="radio"/> U.S. Army (01) <input type="radio"/> State Govt. (08) <input type="radio"/> Student - Col. (15) <input type="radio"/> U.S. Navy (02) <input checked="" type="radio"/> County Govt. (09) <input type="radio"/> U.S. Tourist (16) <input type="radio"/> U.S. Air Force (03) <input type="radio"/> Foreign Govt./Civ. (10) <input type="radio"/> Foreign Tourist (17) <input type="radio"/> U.S. Marines (04) <input type="radio"/> Retired (11) <input type="radio"/> Police Officer (18) <input type="radio"/> U.S. Coast Guard (05) <input type="radio"/> Student - Elem. (12) <input type="radio"/> Other (19) <input type="radio"/> Other Military (06) <input type="radio"/> Student - Inter. (13) <input type="radio"/> Not Stated (20)					COUNTY OF MAUI (51) Work Phone Number (52) Other Phone/Pager Number [REDACTED] [REDACTED]																																			
(85) SFST GIVEN					(86) SFST RESULTS					(53) Driver's License Number		(54) St./Juris.	(55) Class	(56) Restrict.	(57) Endorse.																									
<input checked="" type="radio"/> No (01) <input type="radio"/> Refused (03) <input type="radio"/> Yes (02)					<input type="radio"/> Passed (01) <input checked="" type="radio"/> Does Not Apply (03) <input type="radio"/> Failed (02)					[REDACTED]		HI	2A	NONE	X																									
(87) Alcohol Test Results					(58) CDL Type						(59) Driver's License Status																													
(87A) Status		(87B) Type		(87C) Results		<input type="radio"/> Non-CDL (01) <input type="radio"/> Non-CDL/Restricted (02) <input checked="" 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"/> Denied (04) <input type="radio"/> Provisional (08)																												
<input type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02)		<input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03)		<input type="radio"/> Value (01) <input type="radio"/> Pending (02)		(60) Insurance Policy Number						(61) Exp. Date		(62) Insurance Carrier																										
<input type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02)		<input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03)		<input type="radio"/> Positive (01) <input type="radio"/> Negative (02) <input type="radio"/> Pending (03)		85-2-34						12/04/2020		STATE OF HAWAII																										
(88) Drug Test Results					(63) Registered Owner Name						(64) Phone Number																													
(88A) Status		(88B) Type		(88C) Results		COUNTY OF MAUI						(808) 243-7101																												
<input type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02)		<input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03)		<input type="radio"/> Positive (01) <input type="radio"/> Negative (02) <input type="radio"/> Pending (03)		(65) Str. No.		(66) Street Name				(67) St., Pl.		(68) Ste.#																										
<input type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02)		<input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03)		<input type="radio"/> Positive (01) <input type="radio"/> Negative (02) <input type="radio"/> Pending (03)		2145		KAOHU				ST		[REDACTED]																										
(72) Vehicle Body Type					(69) City						(70) State		(71) Zip Code																											
<input type="radio"/> 2-DSD (01) <input type="radio"/> 2-DSW (04) <input type="radio"/> SUV/MPVH (07) <input type="radio"/> Bus (10) <input type="radio"/> Moped (13) <input type="radio"/> 4-DSD (02) <input type="radio"/> 4-DSW (05) <input type="radio"/> Van (08) <input type="radio"/> PCMC (11) <input type="radio"/> Bicycle (14) <input type="radio"/> 2-DCV (03) <input type="radio"/> P/U Truck (06) <input type="radio"/> Truck (09) <input type="radio"/> M-Scooter (12) <input checked="" type="radio"/> Other (15)					WAILUKU						HI		96793																											
(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.																												
2007		WHI		PETER PIRSCH &		TRUCK		CM2145		[REDACTED]		HI																												
(80) Vehicle VIN Number										(81) Emer. Veh. In Use		(82) Vehicle Stolen																												
1	N	P	F	L	4	0	X	9	7	D	6	8	0	4	8	2	<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)		<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)																					
(83) Special Use					(84) Trailer/Cargo Type																																			
<input type="radio"/> None (00) <input type="radio"/> Driver Trng. (01) <input type="radio"/> Construction/Maintenance (02) <input type="radio"/> Taxi (03)					<input type="radio"/> Fire Truck (04) <input type="radio"/> 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/Encl. Box (06) <input checked="" type="radio"/> Dump (07)						<input type="radio"/> Veh. Tow Veh. (08) <input type="radio"/> Other (09) <input type="radio"/> N/A (10)					

Officer's Initials: **ZRK**

Supervisor's Initials: **CD**

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: **20-030178**

Unit No. 01		UNIT INFORMATION (Cont.)					
(89) Citations		(90) Est. Damages		(91) Extent of Damage		(92) Is this a CMV or Other QUALIFYING Vehicle?	
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)		<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02) If yes, go to CMV SUPPLEMENT	
		(95A) Object (1) Struck/Damage Description			(96A) Object (2) Struck/Damage Description		
		(95B) (Object 1) Owner's Name			(96B) (Object 2) Owner's Name		
		(95C) (Object 1) Owner's Phone Number			(96C) (Object 2) Owner's Phone Number		
		(95D) Estimated Damages to Object 1			(96D) Estimated Damages to Object 2		
		<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)			<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)		
(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below:		(94) Direction					
		From: I To: S					
Circle Damaged Areas							
(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"/> Stop Sign (02) <input type="radio"/> Warning Sign (08) <input type="radio"/> Yield Sign (03) <input type="radio"/> Railway X-ing Device (09) <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 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)		Lft Rgt Lft Rgt None (00) <input type="radio"/> <input type="radio"/> No Passing, Yellow (06) <input type="radio"/> <input type="radio"/> Solid Yellow (01) <input type="radio"/> <input type="radio"/> Curb/Median, Etc. (07) <input type="radio"/> <input type="radio"/> Skip-Dash Yellow (02) <input type="radio"/> <input type="radio"/> Bikeway Marking (08) <input type="radio"/> <input type="radio"/> Solid White (03) <input type="radio"/> <input checked="" type="radio"/> Crosswalk Marking (09) <input type="radio"/> <input type="radio"/> Skip-Dash White (04) <input type="radio"/> <input type="radio"/> Turn Lane (10) <input type="radio"/> <input type="radio"/> Solid Double Yellow (05) <input type="radio"/> <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 type="radio"/> None (00) <input type="radio"/> Bike Route [Signed] (01) <input type="radio"/> Bike Lane Stripe (02) <input checked="" type="radio"/> Separate Path/ Lane (03)	
(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 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 checked="" type="radio"/> Other (15)		<input checked="" type="radio"/> None (00) <input type="radio"/> Glare (06) <input type="radio"/> Trees/Brush/Fence (01) <input type="radio"/> Weather Condition (07) <input type="radio"/> Embankment (02) <input type="radio"/> Pedestrian (08) <input type="radio"/> Building (03) <input type="radio"/> Animal(s) in Road (09) <input type="radio"/> Moving Vehicle (04) <input type="radio"/> Other (10) <input type="radio"/> Parked/Stopped Vehicle (05)		<input type="radio"/> None (00) <input type="radio"/> Illness (06) <input type="radio"/> Inattention (01) <input type="radio"/> Legal Meds. (07) <input type="radio"/> Misjudgment (02) <input type="radio"/> Emotional (08) <input type="radio"/> Fatigue (03) <input type="radio"/> Phys. Impaired (09) <input type="radio"/> Alcohol (04) <input checked="" type="radio"/> Other (10) <input type="radio"/> Illegal Drugs (05)		<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 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 checked="" type="radio"/> Followed too Closely (14) <input type="radio"/> Illegally in Roadway (19) <input type="radio"/> Exceed Posted Speed Limit (02) <input type="radio"/> Crossed Centerline (08) <input type="radio"/> Aggressive, Reckless Driving (15) <input type="radio"/> Improper Crossing (20) <input type="radio"/> Disregard Traffic Signals (03) <input type="radio"/> Ran off Road (09) <input type="radio"/> Swerved to Avoid Obstacle (16) <input type="radio"/> Pedestrian Viol. (21) <input type="radio"/> Disregard Red Light (04) <input type="radio"/> Failure to Keep in Proper Lane (10) <input type="radio"/> Inattention [Talking, Etc.] (22) <input type="radio"/> Disregard Other Trfc. Ctrl. Dev. (05) <input type="radio"/> Improper Turn (11) <input type="radio"/> Bicycle Violation (23) <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 checked="" type="radio"/> Dry (01) <input type="radio"/> Slush (07) <input type="radio"/> Wet (02) <input type="radio"/> Ice/Frost (08) <input type="radio"/> Mud, Dirt, Gravel (03) <input type="radio"/> Water (09) <input type="radio"/> Debris (04) <input type="radio"/> Sand (10) <input type="radio"/> Oil (05) <input type="radio"/> Snow (06)		
(111) Other Roadway Conditions			(112) Roadway Alignment (Horizontal)		(113) Roadway Alignment (Vertical)		
<input checked="" type="radio"/> None (00) <input type="radio"/> Low Shoulder (03) <input type="radio"/> Loose Material (06) <input type="radio"/> Ruts, Holes, Etc. (01) <input type="radio"/> Soft Shoulder (04) <input type="radio"/> Worn, Polished (07) <input type="radio"/> No Shoulder (02) <input type="radio"/> High Shoulder (05) <input type="radio"/> Other (08)			<input checked="" type="radio"/> Straight (01) <input type="radio"/> Curve Left (02) <input type="radio"/> Curve Right (03)		<input type="radio"/> Level (01) <input type="radio"/> Downhill (04) <input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05) <input checked="" 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
PO2 KAMAKA, ZACHARY R		15486	9/5/20 19:20	PO2 DESAMITO, CESAR		11869	9/5/20 19:22

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: **20-030178**

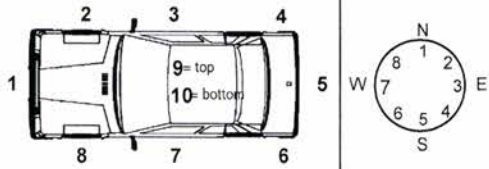
(32) Unit No. (33) No. of Occ.		UNIT INFORMATION																																							
02	6																																								
(34) Unit Class				(35) Race																																					
<input type="radio"/> Passenger Car (01) <input checked="" type="radio"/> Passenger Van (02) <input type="radio"/> Pickup Truck (03) <input type="radio"/> SUV/MPVH(04) <input type="radio"/> Cargo Van < 10,001 lbs. (05) <input type="radio"/> Other Truck < 10,001 lbs. (06) <input type="radio"/> Truck > 10,000 lbs. (07) <input type="radio"/> Transit Bus (08)		<input type="radio"/> School Bus (09) <input type="radio"/> Other Bus (10) <input type="radio"/> Motorcycle (11) <input type="radio"/> Motor Scooter (12) <input type="radio"/> Moped (13) <input type="radio"/> Bicycle (14) <input type="radio"/> Pedestrian (15) <input type="radio"/> Maint./Construct. Equipment (16)		<input type="radio"/> Farm Vehicle/Equipment (17) <input type="radio"/> Motor Coach (18) <input type="radio"/> Motor Home (19) <input type="radio"/> Recreational Vehicle (20) <input type="radio"/> Other (21) <input type="radio"/> Unknown (22)		<input 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 checked="" type="radio"/> Unknown (13) <input type="radio"/> Other (14)																																	
(36) Last Name		(37) First Name		(38) MI	(39) Sex		(40) DOB																																		
GOLDBERG		POLINA		MARIAN	<input type="radio"/> M (01) <input checked="" type="radio"/> F (02)		[REDACTED]																																		
(41) Street No.		(42) Street Name			(43) St., Pl., Blvd., Etc.		(44) Apt/Suite Number																																		
[REDACTED]		[REDACTED]			[REDACTED]		[REDACTED]																																		
(45) City		(46) State		(47) Zip Code		(48) Home Phone Number																																			
KIHEI		HI		96753		(000) 000-0000																																			
(49) Occupation				(50) Employer/Company Name																																					
<input checked="" type="radio"/> Unemployed (00) <input type="radio"/> Fed. Govt. Civ. (07) <input type="radio"/> Student - H.S. (14) <input type="radio"/> U.S. Army (01) <input type="radio"/> State Govt. (08) <input type="radio"/> Student - Col. (15) <input type="radio"/> U.S. Navy (02) <input type="radio"/> County Govt. (09) <input type="radio"/> U.S. Tourist (16) <input type="radio"/> U.S. Air Force (03) <input type="radio"/> Foreign Govt./Civ. (10) <input type="radio"/> Foreign Tourist (17) <input type="radio"/> U.S. Marines (04) <input type="radio"/> Retired (11) <input type="radio"/> Police Officer (18) <input type="radio"/> U.S. Coast Guard (05) <input type="radio"/> Student - Elem. (12) <input type="radio"/> Other (19) <input type="radio"/> Other Military (06) <input type="radio"/> Student - Inter. (13) <input type="radio"/> Not Stated (20)				SELF																																					
				(51) Work Phone Number		(52) Other Phone/Pager Number																																			
				(000) 000-0000		[REDACTED]																																			
(53) Driver's License Number		(54) St./Juris.	(55) Class	(56) Restrict.	(57) Endorse.																																				
[REDACTED]		CA	C	LENS	NONE																																				
(58) CDL Type			(59) Driver's License Status																																						
<input checked="" type="radio"/> Non-CDL (01) <input type="radio"/> Non-CDL/Restricted (02) <input type="radio"/> CDL (03)			<input checked="" type="radio"/> Valid (01) <input type="radio"/> Not Licensed (02) <input type="radio"/> Canceled (03) <input type="radio"/> Denied (04)		<input type="radio"/> Expired (05) <input type="radio"/> Revoked (06) <input type="radio"/> Suspended (07) <input type="radio"/> Provisional (08)		<input type="radio"/> Permit (09) <input type="radio"/> Disqualified [CDL] (10)																																		
(85) SFST GIVEN		(86) SFST RESULTS																																							
<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)																																							
(87) Alcohol Test Results																																									
(87A) Status		(87B) Type		(87C) Results																																					
<input type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02)		<input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03)		<input type="radio"/> Value (01) [REDACTED] <input type="radio"/> Pending (02)																																					
(88) Drug Test Results																																									
(88A) Status		(88B) Type		(88C) Results																																					
<input type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02)		<input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03)		<input type="radio"/> Positive (01) <input type="radio"/> Negative (02) <input type="radio"/> Pending (03)																																					
(60) Insurance Policy Number		(61) Exp. Date		(62) Insurance Carrier																																					
938585858		11/18/2020		PROGRESSIVE																																					
(63) Registered Owner Name				(64) Phone Number																																					
GOLDBERG, POLINA MARIAN				(000) 000-0000																																					
(65) Str. No.		(66) Street Name			(67) St. Pl.		(68) Ste.#																																		
[REDACTED]		[REDACTED]			[REDACTED]		[REDACTED]																																		
(69) City				(70) State		(71) Zip Code																																			
KIHEI				HI		96753																																			
(72) Vehicle Body Type																																									
<input type="radio"/> 2-DSD (01) <input type="radio"/> 4-DSD (02) <input type="radio"/> 2-DCV (03)		<input type="radio"/> 2-DSW (04) <input type="radio"/> 4-DSW (05) <input type="radio"/> P/U Truck (06)		<input type="radio"/> SUV/MPVH (07) <input checked="" type="radio"/> Van (08) <input type="radio"/> Truck (09)		<input type="radio"/> Bus (10) <input type="radio"/> PCMC (11) <input type="radio"/> M-Scooter (12)		<input type="radio"/> Moped (13) <input type="radio"/> Bicycle (14) <input type="radio"/> Other (15)																																	
(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.																													
2016		WHI WHI		HONDA		ODYSSEY		LGG769		NONE		HI																													
(80) Vehicle VIN Number										(81) Emer. Veh. In Use		(82) Vehicle Stolen																													
5 F N R L 5 H 6 3 G B 0 3 7 7 9 9										<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/Encl. Box (06) <input type="radio"/> Dump (07)						<input type="radio"/> Veh. Tow Veh. (08) <input type="radio"/> Other (09) <input type="radio"/> N/A (10)					

Officer's Initials: **ZRK**

Supervisor's Initials: **CD**

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: **20-030178**

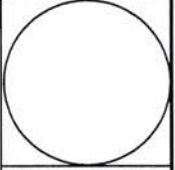
Unit No. 02		UNIT INFORMATION (Cont.)					
(89) Citations		(90) Est. Damages		(91) Extent of Damage		(92) Is this a CMV or Other QUALIFYING Vehicle?	
Citation Number	Offense Code (H.R.S./R.O. Section No.)	<input checked="" type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)		<input type="radio"/> None (00) <input checked="" type="radio"/> Functional (02) <input type="radio"/> Minor (01) <input type="radio"/> Disabling (03)		<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02) If yes, go to CMV SUPPLEMENT	
		(95A) Object (1) Struck/Damage Description			(96A) Object (2) Struck/Damage Description		
(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below: 		(95B) (Object 1) Owner's Name			(96B) (Object 2) Owner's Name		
		(95C) (Object 1) Owner's Phone Number			(96C) (Object 2) Owner's Phone Number		
		(95D) Estimated Damages to Object 1			(96D) Estimated Damages to Object 2		
		<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)			<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)		
(94) Direction							
		From	To				
5 Circle Damaged Areas		I	5				
(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"/> Stop Sign (02) <input type="radio"/> Warning Sign (08) <input type="radio"/> Yield Sign (03) <input type="radio"/> Railway X-ing Device (09) <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)		Lft Rgt Lft Rgt None (00) <input type="radio"/> <input type="radio"/> No Passing, Yellow (06) <input type="radio"/> <input type="radio"/> Solid Yellow (01) <input type="radio"/> <input type="radio"/> Curb/Median, Etc. (07) <input type="radio"/> <input type="radio"/> Skip-Dash Yellow (02) <input type="radio"/> <input type="radio"/> Bikeway Marking (08) <input type="radio"/> <input type="radio"/> Solid White (03) <input type="radio"/> <input checked="" type="radio"/> Crosswalk Marking (09) <input type="radio"/> <input type="radio"/> Skip-Dash White (04) <input type="radio"/> <input type="radio"/> Turn Lane (10) <input type="radio"/> <input type="radio"/> Solid Double Yellow (05) <input type="radio"/> <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 type="radio"/> None (00) <input type="radio"/> Bike Route [Signed] (01) <input type="radio"/> Bike Lane Stripe (02) <input checked="" type="radio"/> Separate Path/ Lane (03)	
(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 (06) <input type="radio"/> Trees/Brush/Fence (01) <input type="radio"/> Weather Condition (07) <input type="radio"/> Embankment (02) <input type="radio"/> Pedestrian (08) <input type="radio"/> Building (03) <input type="radio"/> Animal(s) in Road (09) <input type="radio"/> Moving Vehicle (04) <input type="radio"/> Other (10) <input type="radio"/> Parked/Stopped Vehicle (05)		<input 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"/> Ran off Road (09) <input type="radio"/> Swerved to Avoid Obstacle (16) <input type="radio"/> Pedestrian Viol. (21) <input type="radio"/> Disregard Red Light (04) <input type="radio"/> Failure to Keep in Proper Lane (10) <input type="radio"/> Inattention [Talking, Etc.] (22) <input type="radio"/> Disregard Other Trfc. Ctrl. Dev. (05) <input type="radio"/> Improper Turn (11) <input type="radio"/> Over Correcting or Over Steering (17) <input type="radio"/> Bicycle Violation (23) <input type="radio"/> <input type="radio"/> Improper Passing (12) <input type="radio"/> <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 checked="" type="radio"/> Dry (01) <input type="radio"/> Slush (07) <input type="radio"/> Wet (02) <input type="radio"/> Ice/Frost (08) <input type="radio"/> Mud, Dirt, Gravel (03) <input type="radio"/> Water (09) <input type="radio"/> Debris (04) <input type="radio"/> Sand (10) <input type="radio"/> Oil (05) <input type="radio"/> Snow (06)	
(111) Other Roadway Conditions			(112) Roadway Alignment (Horizontal)		(113) Roadway Alignment (Vertical)		
<input checked="" type="radio"/> None (00) <input type="radio"/> Low Shoulder (03) <input type="radio"/> Loose Material (06) <input type="radio"/> Ruts, Holes, Etc. (01) <input type="radio"/> Soft Shoulder (04) <input type="radio"/> Worn, Polished (07) <input type="radio"/> No Shoulder (02) <input type="radio"/> High Shoulder (05) <input type="radio"/> Other (08)			<input checked="" type="radio"/> Straight (01) <input type="radio"/> Curve Left (02) <input type="radio"/> Curve Right (03)		<input type="radio"/> Level (01) <input type="radio"/> Downhill (04) <input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05) <input checked="" 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
PO2 KAMAKA, ZACHARY R		15486	9/5/20 19:20	PO2 DESAMITO, CESAR		11869	9/5/20 19:22

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-030178

DIAGRAM

(114) Tire Skid Marks (Feet)					(115) REFERENCE POINT					
Wheel	Unit	Unit	Unit	Unit	IS <u>0</u> (feet) _____ (direction) <u>AT INTERSECTION</u> (Object/Landmark)					
Rgt-R	0	0			ALL OBJECTS ARE MEASURED FROM POINT OF REFERENCE					
Lft-F	0	0			Object		N	S	E	W
Rgt-F	0	0								
Lft-R	0	0								
(116) Intersection Related										
<input 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	45	<input type="radio"/> Not at Intersection (01)	<input type="radio"/> "Y" Intersection (04)	<input type="radio"/> Roundabout (07)
(118) Side Road		<input type="radio"/> 4-Way Intersection (02)	<input type="radio"/> Part of Interchange (05)	<input type="radio"/> 5 (or more legs) Intersection (08)
(A) No. of Lanes	(B) Speed Limit	<input checked="" type="radio"/> "T" Intersection (03)	<input type="radio"/> Traffic Circle (06)	<input type="radio"/> Other (09)
				

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):

U-1 was traveling south on Kula Highway, when it collided into the rear area of U-2, while U-2 was attempting to make a left turn onto Lower Kula Road. U-1 sustained damages to the front bumper area and U-2 sustained damages to the rear area. D-2 sustained pain to the

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 KAMAKA, ZACHARY R	15486	9/5/20 19:20	PO2 DESAMITO, CESAR	11869	9/5/20 19:22

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-030178

Synopsis (continued)

left side of her neck and head area, and passenger`s of U-2 sustained injuries and were treated by medics. Refer to continuation.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 KAMAKA, ZACHARY R	15486	9/5/20 19:20	PO2 DESAMITO, CESAR	11869	9/5/20 19:22

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-030178

(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</td> <td style="width:33%; border: none;">Molokai/Lanai</td> <td style="width:33%; border: none;">C&C Honolulu (cont.)</td> </tr> <tr> <td style="border: none;">01 Hilo Medical Center</td> <td style="border: none;">11 Molokai General Hosp.</td> <td style="border: none;">20 Kaneohe State Hospital</td> </tr> <tr> <td style="border: none;">02 Kona Hospital</td> <td style="border: none;">12 Lanai Comm. Hospital</td> <td style="border: none;">21 Kapiolani Medical Ctr.</td> </tr> <tr> <td style="border: none;">03 Kau Hospital</td> <td style="border: none;">Kauai County</td> <td style="border: none;">22 Kapiolani Med. - Pali Momi</td> </tr> <tr> <td style="border: none;">04 Kohala Hospital</td> <td style="border: none;">13 Wilcox Memorial Hosp.</td> <td style="border: none;">23 Kuakini Med. Ctr.</td> </tr> <tr> <td style="border: none;">05 Honokaa Hospital</td> <td style="border: none;">14 Kauai Vet. Mem. Hosp.</td> <td style="border: none;">24 Hawaii Med. Ctr.</td> </tr> <tr> <td style="border: none;">06 N. Hawaii Comm. Hosp.</td> <td style="border: none;">C&C Honolulu</td> <td style="border: none;">25 Hawaii Med. Ctr. West</td> </tr> <tr> <td style="border: none;">Maui County</td> <td style="border: none;">15 Castle Medical Center</td> <td style="border: none;">26 Queen's Medical Center</td> </tr> <tr> <td style="border: none;">07 Kula General Hospital</td> <td style="border: none;">16 Shriners' Hosp. for Children</td> <td style="border: none;">27 Straub Clinic & Hosp.</td> </tr> <tr> <td style="border: none;">08 Maui Mem. Med. Ctr.</td> <td style="border: none;">17 Kahuku Hospital</td> <td style="border: none;">28 Tripler Army Med. Ctr.</td> </tr> <tr> <td style="border: none;">09 Kaiser Clinic</td> <td style="border: none;">18 Kaiser Permanente</td> <td style="border: none;">29 Wahiawa General Hosp.</td> </tr> <tr> <td style="border: none;">10 Hana Clinic</td> <td style="border: none;">19 Kaiser Clinic - Honolulu</td> <td style="border: none;">30 Waianae Comp. Ctr.</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"></td> <td style="border: none;">99 Other</td> </tr> </table>			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	Kauai County	22 Kapiolani Med. - Pali Momi	04 Kohala Hospital	13 Wilcox Memorial Hosp.	23 Kuakini Med. Ctr.	05 Honokaa Hospital	14 Kauai Vet. Mem. Hosp.	24 Hawaii Med. Ctr.	06 N. Hawaii Comm. Hosp.	C&C Honolulu	25 Hawaii Med. Ctr. West	Maui County	15 Castle Medical Center	26 Queen's Medical Center	07 Kula General Hospital	16 Shriners' Hosp. for Children	27 Straub Clinic & Hosp.	08 Maui Mem. Med. Ctr.	17 Kahuku Hospital	28 Tripler Army Med. Ctr.	09 Kaiser Clinic	18 Kaiser Permanente	29 Wahiawa General Hosp.	10 Hana Clinic	19 Kaiser Clinic - Honolulu	30 Waianae Comp. Ctr.			99 Other
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		99 Other																																											
F- Safety Equipment Use 00 Not Present 01 Not Used 02 Shoulder/Lap Belt Used 03 Lap Belt Only Used 04 Shoulder Belt Only Used 05 Not Able to Determine 06 Child Restraint (Forward) 07 Child Restraint (Rear) 08 Booster Seat 09 Child Restraint (Unk. Type) 10 Child Restraint (Improper) 11 Helmet Used 12 N/A (Non-Motorist) 13 Unknown	K- Trans. to Med. Facility 00 Not Transported 01 EMS 02 Police 03 Helicopter 04 Private Vehicle 05 Other		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				B- Position in Unit <table style="width:100%; border: none;"> <tr> <td style="width:33%; border: none;">Motorcycle/Moped/Bicycle</td> <td style="width:33%; border: none;">Pedestrian</td> </tr> <tr> <td style="border: none;"> </td> <td style="border: none;"> </td> </tr> </table>			Motorcycle/Moped/Bicycle	Pedestrian																																					
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Name and Address	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Unit	Posit.	Age	Sex	Eject	Safety	Air Bag	Injury	Area	Care	Trans	Hosp.	Cond.	EMS No.
MENDES, JESSE RODRIGUES 505 KAUKINI LOOP, WAIHEE, HI 96761	01	10	37	M	00	02	01	00						
GOLDBERG, POLINA MARIAN 1764 S KIHEI RD, KIHEI, HI 96753	02	10	36	F	00	02	01	02	04	00			02	10161
[REDACTED]	■	■	■	■	■	■	■	■	■	■			■	■
[REDACTED]	■	■	■	■	■	■	■	■	■	■			■	■
[REDACTED]	■	■	■	■	■	■	■	■						
[REDACTED]	■	■	■	■	■	■	■	■						
[REDACTED]	■	■	■	■	■	■	■	■						
[REDACTED]	■	■	■	■	■	■	■	■						
[REDACTED]														
[REDACTED]														
[REDACTED]														
[REDACTED]														
Officer's Rank and Name	Officer's ID Number		Date/Time	Supervisor's Rank and Name			Supervisor's ID Number		Date/Time					
PO2 KAMAKA, ZACHARY R	15486		9/5/20 19:20	PO2 DESAMITO, CESAR			11869		9/5/20 19:22					

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-030178

Narrative

Ofc. Zachary KAMAKA E#15486
D-1, Beat 33, Kula
Wailuku Patrol Division

ASSIGNMENT / ARRIVAL:

On 08/26/2020 at approximately 0816 hours, I was assigned emergency response to Kula Highway and Lower Kula Road, in regards to a Motor Vehicle accident. At approximately 0828 hours, I arrived on scene and obtained the following statement.

STATEMENT OF Polina GOLDBER A/Oth/F/Citz (OPERATOR)
(Unit 2 /P10)

Related she was the owner and operator of vehicle bearing Hawaii license plates LGG769 (Unit 2). Related she was traveling south on Kula Highway and Lower Kula Road, in Kula, at the time. Related as she was within the intersection of said road and was attempting make a left (east) turn onto Lower Kula Road, in Kula. Related she was waiting for a vehicle that was traveling in the northbound lane of Kula Highway and Lower Kula to pass, when she heard the vehicle behind her (bearing Hawaii License plates CM2145 (Unit 1)), honking its horn. Related she then looked into her rear view mirror, and saw "Unit 1" coming closer to her vehicle, by that time it was too late, and "Unit 2" subsequently collided into the rear area of her vehicle. Related after the collision, she pulled onto the side of the road on Lower Kula Road. Related she did activate her left turn signal prior to attempting to turn onto Lower Kula Road from Kula Highway.

Nothing further to add.

INJURY OF UNIT 2 (OPERATOR):

[REDACTED]. Polina was treated by medic 13 personnel, and was released on scene.

STATEMENT OF [REDACTED] (FRONT PASSENGER)
(Unit 2 / P30)

Related he was seated within the front passenger side of "Unit 2" at the time. Related they were traveling south on Kula Highway and Lower Kula Road when "Unit 1" collided it the rear area of their vehicle.

Nothing further to add.

INJURY OF UNIT 2 PASSENGER (FRONT PASSENGER):

[REDACTED] was treated by medic 13 personnel, and was released on scene.

STATEMENT OF [REDACTED] (SECOND ROW DRIVER SIDE)
(Unit 2 / P40)

Related [REDACTED] was seated within the second row driver side seat area of "Unit 2" at the time. Related they were traveling south on Kula Highway and Lower Kula Road when "Unit 1" collided it the rear area of their vehicle.

Nothing further to add.

INJURY OF UNIT 2 PASSENGER (SECOND ROW DRIVER SIDE):

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 KAMAKA, ZACHARY R	15486	9/5/20 19:20	PO2 DESAMITO, CESAR	11869	9/5/20 19:22

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-030178

Narrative

██████████ was treated by medic 13 personnel, and was released on scene.

STATEMENT OF ██████████ (SECOND ROW PASSENGER SIDE)
(Unit 2 / P60)

Related ██████████ was seated within the second row passenger side area of "Unit 2" at the time. Related they were traveling south on Kula Highway and Lower Kula Road when "Unit 1" collided it the rear area of their vehicle.

Nothing further to add.

INJURY OF UNIT 2 PASSENGER (SECOND ROW PASSENGER SIDE):

██████████ related ██████████ did not sustain any pain or injuries as a result.

STATEMENT OF ██████████ (THIRD ROW DRIVER SIDE)
(Unit 2 / P80)

Related ██████████ was seated within the third row driver side seat area of "Unit 2" at the time. Related they were traveling south on Kula Highway and Lower Kula Road when "Unit 1" collided it the rear area of their vehicle.

Nothing further to add.

INJURY OF UNIT 2 PASSENGER (THIRD ROW DRIVER SIDE):

██████████ related he did not sustain any pain or injuries as a result.

STATEMENT OF ██████████ (THIRD ROW PASSENGER SIDE)
(Unit 2 / P90)

██████████ related ██████████ was seated within the third row driver side seat are of "Unit 2" at the time. Related they were traveling south on Kula Highway and Lower Kula Road when "Unit 1" collided it the rear area of their vehicle.

Nothing further to add.

INJURY OF UNIT 2 PASSENGER (THIRD ROW PASSENGER SIDE):

██████████ related ██████████ did not sustain and pain or injuries as a result.

STATEMENT OF Jesse MENDES A/Cau/M/Citz (OPERATOR)
(Unit 1 / P10)

Related he is employed with the County of Maui, and was the operator of "Unit 1" at the time. Related he was traveling south on Kula Highway at Lower Kula Road, in Kula at the time. Related he was about 120 feet behind of "Unit 2" when he saw "Unit 2" abruptly break twice in the middle of the said roadway. Related he honked his vehicle horn twice at "Unit 2", but it was too late. Thus subsequently colliding into "Unit 2`s" rear area causing damages. Related both him and "Unit 2" pulled over to the side of the road on Lower Kula Road and Kula Highway. Related he did not see "Unit 1" activate it`s turn signal at the time.

Nothing further to add.

INJURIES OF UNIT 1 (OPERATOR):

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 KAMAKA, ZACHARY R	15486	9/5/20 19:20	PO2 DESAMITO, CESAR	11869	9/5/20 19:22

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 20-030178

Narrative

Jesse related he did not sustain any pain or injuries as a result.

DAMAGES TO UNIT 1:

Minor damages were observed to the front bumper area of "Unit 1".

DAMAGES TO UNIT 2:

Heavy rear end damages were observed to the rear area of "Unit 2".

TOW REQUEST:

No tow was requested by both units.

AXON:

My Axon Body Worn Camera was on and functioning during this investigation.

ADDITIONAL INFORMATION:

Refer to all other reports submitted under this investigation.

CONCLUSION:

U-1 was traveling south on Kula Highway, when it collided into the rear area of U-2, while U-2 was attempting to make a left turn onto Lower Kula Road. U-1 sustained damages to the front bumper area and U-2 sustained damages to the rear area. D-2 sustained pain to the left side of her neck and head area, and passenger`s of U-2 sustained injuries and were treated by medics.

KAMAKA, Z. E#15486
09/05/2020 @1919 hours
Wailuku Patrol Division

WITNESS NAMES:

WILSON, SEAN G; ADDRESS: 4010 LOWER KULA RD, KULA, HI 96790; PHONE: (808) 572-3794

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 KAMAKA, ZACHARY R	15486	9/5/20 19:20	PO2 DESAMITO, CESAR	11869	9/5/20 19:22

Narrative Supplement

Supplement type:

MAUI POLICE DEPARTMENT
 WAILUKU PATROL
 OFC. H. MACKNIGHT
 CASE: 20-030178

ASSIGNMENT/ ARRIVAL

On August 26, 2020, at around 8:16 a.m., Officers Zachary KAMAKA and Victoria VAN DUZER were assigned to a vehicle accident at Lower Kula Rd. and Kula Hwy. in Kula. I proceeded to this location to assist. At around 8:30 a.m., I arrived on scene where I observed the following.

OFFICER ACTIONS/ OBSERVATIONS

Upon arrival I observed a silver van bearing Hawaii license plates LGG769 parked on the mauka bound shoulder of Lower Kula Rd. just off of Kula Hwy. Parked on the outer portion of this shoulder and parallel to this vehicle was a white dump truck and trailer. The dump truck was bearing Hawaii license plates County of Maui plates CM2145. There was a fire truck, an ambulance, and police personnel on scene. I proceeded conduct traffic control. While conducting traffic control, I was approached by a male, identified as Sean WILSON, and provided the following statement.

STATEMENT OF SEAN WILSON: A/M/CAU/CIT

Sean WILSON stated that he resided at 4010 Lower Kula Rd. in Kula. WILSON stated that from his residence he can see the intersection of Lower Kula Rd. and Kula Hwy. While at his residence and looking towards the ocean at around 8:00 a.m., WILSON stated that he observed a white van in the mauka bound lane of Kula Hwy. trying to turn left onto Lower Kula Rd. He related that he saw that the van was hesitating to turn left; moving forward then stopping over and over. WILSON stated that he then heard an approaching sound of air breaks being applied. WILSON knew this sound to be that of a "semi-truck" applying its breaks. WILSON stated that he then observed a white dump truck collided into the rear of the white van. WILSON stated that the truck must have been traveling fast as the sound of breaking was few seconds before the collision.

ADDITIONAL INFORMATION

Refer to all reports submitted under MPD report number 20-030178 for additional information.

OFC.H.MACKNIGHT #13646
 WAILUKU PATROL
 August 26, 2020, at 1:20 p.m.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2VIC MACKNIGHT, HALAYUDHA	13646	8/26/20 13:24	SGTRD MEDEIROS, TANYA K	10989	8/26/20 17:07



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

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 24 hours of the accident to the **Risk Management Division** at: RMD@mauicounty.gov.

Your Name Jesse Mendes Department Water Dept Date 8/26/2020
 Address 614 pala pala drive Phone 270-7540
 Date of Accident 8/26/2020 Day of the Week Wednesday Time 815 .m.
 Location of Accident Lower Kula Road

Did Police respond? Yes No. If yes, please obtain report # _____ and forward a copy of the report.

COUNTY CAR:

Year 2007 Make Peterbuilt Model 378 License# COM-2145

Driven for what purpose? Haul equipment material to job sites for repairs

Describe damage Front bumper cracked on Fiberglass Hood Estimated repair cost \$3,500

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

Name _____ Age _____
 Address _____ Phone _____

Describe Injuries _____ Medical Treatment Required? Yes No

Name _____ Age _____

Address _____ Phone _____

Describe Injuries _____ Medical Treatment Required? Yes No

OCCUPANTS OF YOUR AUTOMOBILE:

Name _____ Age _____ Address _____

Name _____ Age _____ Address _____

DESCRIPTION OF OTHER AUTOMOBILE:

Year _____ Make _____ Model _____ License# & State _____

EXHIBIT J

Other Driver Name _____ Address _____

Describe damage _____

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

WITNESSES OTHER THAN OCCUPANTS OF VEHICLES ALREADY LISTED:

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

THE ACCIDENT:

Explain how accident occurred driving up kula hwy following a white van , I was about 80 ft behind the white van when she decided to stop a make a turn, no turn signal was used at that time or indication that she was gonna stop or turn I suddenly blew my horn to let her know I was behind her and stepped on my breaks seconds later i came into contact with the white van there was no oncoming traffic so not sure y she stopped. when we collided she paused then made the turn and went on the side of the road when i approached the van she had a baby in her arms and 4 other kids not in car seats

Were you wearing a seatbelt? _____ Were all passengers in your vehicle wearing seatbelts? _____

What statements were made by you or other party about accident after it occurred? _____

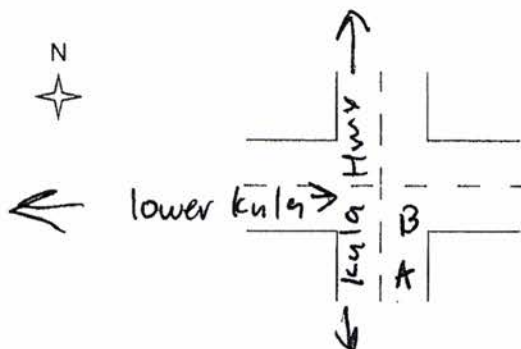
Please draw a diagram below showing position of your car (A) and other car (B) , etc., at the moment of impact.

Check type of road construction:

__ concrete asphalt __ dirt __ gravel

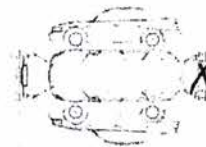
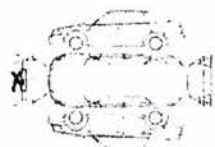
Check condition of road: dry __ wet

Check condition of weather: clear __ fog __ rain __ dark



Car A Damage

Car B Damage



Direction your car was going _____ Side of Street _____ Speed _____

Direction other car was going _____ Side of Street _____ Speed _____

Did your driver give signal? _____ Kind _____ Were your lights on? _____

Did other driver give signal? _____ Kind _____ Were his/her lights on? _____

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.

Report completed by: (print & initial) Jesse mendoza Date 8-26-20

Warren Sardinha Date 8-27-20

Supervisor (print & initial)

Original: Department

Electronic copy: Dept. Director, Managing Director and Risk Management Division