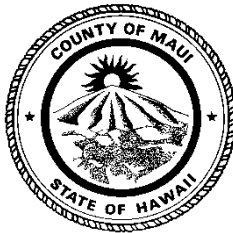


MICHAEL P. VICTORINO
Mayor

MOANA M. LUTEY
Acting 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

September 14, 2020

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

FROM: Caleb P. Rowe, Deputy Corporation Counsel

SUBJECT: Litigation Matters
Settlement of Claim: Maui Electric Company, Limited
John Mullen Claim No.: 4065961

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

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

CPR:cs
Enclosures

cc: Eric Nakagawa, Director
Department of Environmental Management

Resolution

No. _____

AUTHORIZING SETTLEMENT OF CLAIM NO. 4065961 OF MAUI ELECTRIC COMPANY, LIMITED

WHEREAS, MAUI ELECTRIC COMPANY, LIMITED filed Claim No. 4065961 on August 11, 2020, against the County of Maui for damage to their property on September 7, 2018; and

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

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

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

1. That it hereby approves settlement of Claim No. 4065961 in the amount of \$12,420.84; and

Resolution No. _____

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

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

APPROVED AS TO FORM
AND LEGALITY:

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

CALEB P. ROWE
Deputy Corporation Counsel
County of Maui
RISK 2020-0178

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

August 12, 2020

*emailed CPR/ MML/LT/LS/CS
8/13/20*

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

JMCO 4065961 Courtney Cochran

Attn: Unit Code 99

UNIT 21B5

LF: RISK 2020 - 0178

Respectfully transmitted is a copy of a claim against the County of Maui filed by Maui Electric Company, of P.O. Box 398, Kahului, which was received by our office on August 11, 2020.

Respectfully,

A handwritten signature in cursive script, reading "Kathy L. KaoHu".

KATHY L. KAOHU
County Clerk

Attachment

cc: Mayor
Corporation Counsel
Council Chair

/djy

RECEIVED
2020 AUG 13 PM 4:03
CORPORATION COUNSEL
RISK MANAGEMENT

RECEIVED

2020 AUG 11 PM 4: 20

OFFICE OF THE
LIMITED CLERK

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

8/5/2020
(Date)



August 5, 2020

Please find subrogation below and support attached.

Expenses incurred by Maui Electric Company to replace damaged pole on Ohina Street; Kihei on the island of Maui in Hawaii. Motor Vehicle Accident. MECO Ref. No. RO 18-984. Police report #18-037471 MECO Claim 20180907-982-1.

Date of occurrence: September 7, 2018

Driver/Policyholder: John Guzman/County of Maui Refuse

CLAIM NO.	18-984
WORKORDER NO.	TD02332
DATE OF LOSS	9/7/2018

LABOR	\$	7,713.99
* OUTSIDE SERVICES		1,988.53
MATERIAL		3,122.51
SUBTOTAL		12,825.03
LESS DEPRECIATION CREDIT		(404.19)
TOTAL	\$	12,420.84

*Outside services for traffic control

1652 Work Order Detail Report

Report Parameters

District: MECO

WO: *

Parent WO TD023332

From Period: 199901

To Period: 201809

Show Emp Info N

Parent WO: TD023332

Work Order: SO002557

RO 18-984 RPL E-1 OHINA ST

Labor Costs

Process Pd	Tran Dte	Acct Code	Emp ID	Last Name	First Name	No of Hours	Tran Amt
Expense Element: 150							
201809	20180907	MDK500MAUNIM0000019150				1.00	56.56
	20180907	MDK500MAUNIM0000019150				2.00	121.52
	20180907	MDK500MAUNIM0000019150				1.00	56.56
Subtotal:						4.00	234.64
Expense Element: 150 Subtotal:							4.00 234.64
Expense Element: 155							
201809						0.00	59.94
Expense Element: 155 Subtotal:						0.00	59.94
Expense Element: 404							
201809						0.00	60.00
Expense Element: 404 Subtotal:						0.00	60.00
Expense Element: 406							
201809						0.00	61.16
Expense Element: 406 Subtotal:						0.00	61.16
Expense Element: 421							
201809						0.00	28.96
Expense Element: 421 Subtotal:						0.00	28.96
Expense Element: 422							
201809						0.00	94.16
Expense Element: 422 Subtotal:						0.00	94.16
Expense Element: 423							
201809						0.00	24.10
Expense Element: 423 Subtotal:						0.00	24.10

1652 Work Order Detail Report

Report Parameters

District: MECO

WO: *

Parent WO TD023332

From Period: 199901

To Period: 201809

Show Emp Info N

Total: 4.00 562.96

Manual Journal Vouchers

Tran Dte	Acct Code	Voucher No	Description	Accountant Code	Qty Amt	Tran Amt
Expense Element: 404						
20181002	MDK500MAUNIM0000019404	ME180930	JE_Desc - 09/2018 ED overhead	GLINTERFAC	0	44.59
Expense Element: 404					Subtotal:	44.59
Expense Element: 430						
20181002	MDK500MAUNIM0000019430	M000133240	AFUDC Journal Run		0	0.13
Expense Element: 430					Subtotal:	0.13
Expense Element: 431						
20181002	MDK500MAUNIM0000019431	M000133240	AFUDC Journal Run		0	0.30
Expense Element: 431					Subtotal:	0.30
					Total:	45.02
Work Order Total:						607.98

1652 Work Order Detail Report

Report Parameters

District: MECO WO: * Parent WO: TD023332 From Period: 199901 To Period: 201809 Show Emp Info: N

Work Order: TD052684 RO18-984 RPL E-1 OHINA ST KIHEI

Invoice Transactions

Tran Dte	Acct Code	Cat No	Supplier No	Inv No	Inv Item No	Inv Item Desc	Contract No	Portion No	Element No	Tran Amt
Expense Element: 501										
20180926	MDK500MAUNIM0000019501		017847	0534078	001	Invoice No. 0534078, 09				796.87
Expense Element: 501 Subtotal:										796.87
Total:										796.87

Labor Costs

Process Pd	Tran Dte	Acct Code	Emp ID	Last Name	First Name	No of Hours	Tran Amt
Expense Element: 150							
201809	20180907	MDK500MAUNIM0000019150				4.00	226.24
	20180907	MDK500MAUNIM0000019150				4.00	226.24
	20180907	MDK500MAUNIM0000019150				4.00	226.24
	20180907	MDK500MAUNIM0000019150				6.00	532.08
	20180907	MDK500MAUNIM0000019150				4.00	226.24
	20180907	MDK500MAUNIM0000019150				4.00	226.24
Subtotal:						26.00	1,663.28
Expense Element: 150 Subtotal:						26.00	1,663.28
Expense Element: 155							
201809						0.00	170.00
Expense Element: 155 Subtotal:						0.00	170.00
Expense Element: 404							
201809						0.00	300.00
Expense Element: 404 Subtotal:						0.00	300.00
Expense Element: 406							
201809						0.00	397.54
Expense Element: 406 Subtotal:						0.00	397.54
Expense Element: 421							
201809						0.00	188.24

1652 Work Order Detail Report

Report Parameters

District: MECO

WO: *

Parent WO TD023332

From Period: 199901

To Period: 201809

Show Emp Info N

Labor Costs

Process Pd	Tran Dte	Acct Code	Emp ID	Last Name	First Name	No of Hours	Tran Amt
Expense Element: 421						Subtotal:	0.00
							188.24
Expense Element: 422						Subtotal:	0.00
201809							612.04
Expense Element: 422						Subtotal:	0.00
							612.04
Expense Element: 423						Subtotal:	0.00
201809							149.98
Expense Element: 423						Subtotal:	0.00
							149.98
Total:						26.00	3,481.08

Manual Journal Vouchers

Tran Dte	Acct Code	Voucher No	Description	Accountant Code	Qty Amt	Tran Amt
Expense Element: 404						
20181002	MDK500MAUNIM0000019404	ME180930	JE_Desc - 09/2018 ED overhead	GLINTERFAC	0	690.49
Expense Element: 404						Subtotal:
						690.49
Expense Element: 430						
20181002	MDK500MAUNIM0000019430	M000133240	AFUDC Journal Run		0	1.49
Expense Element: 430						Subtotal:
						1.49
Expense Element: 431						
20181002	MDK500MAUNIM0000019431	M000133240	AFUDC Journal Run		0	3.58
Expense Element: 431						Subtotal:
						3.58
Total:						695.56

Stock Material Transactions

Tran Dte	Acct Code	Stock Code	Qty	Unit of Issue	Item Name	Description	Tran Amt
Expense Element: 201							
20180907	MDK500MAUNIM0000019201	MT0560010	1	EA	POLE MOUNT	TWO BUSHING STAINLESS STEEL	0.00
20180907	MDK500MAUNIM0000019201	000611483	1	EA	CUTOFF, 250W		251.28
20180907	MDK500MAUNIM0000019201	000147306	4	EA	INSULATOR, FI		222.42
20180907	MDK500MAUNIM0000019201	000611475	0	EA	CUTOFF, 150W		0.00
20180907	MDK500MAUNIM0000019201	000128645	1	EA	BARRIER, TER	FOR WOOD POLE MAX DIAMETER 17"& MAX	345.68
20180907	MDK500MAUNIM0000019201	000106609	1	EA	BRACKET, AR		62.01

1652 Work Order Detail Report

Report Parameters

District: MECO

WO: *

Parent WO TD023332

From Period: 199901

To Period: 201809

Show Emp Info N

Stock Material Transactions

Tran Dte	Acct Code	Stock Code	Qty	Unit of Issue	Item Name	Description	Tran Amt
20180907	MDK500MAUNIM0000019201	000108407	0	EA	CUTOUT, OPE	GALV HARDWARE, EXTRA HEAVY DUTY, SINGLE	0.00
20180907	MDK500MAUNIM0000019201	000101527	1	EA	ROD, GROUND	STEEL, COPPERWELD	14.16
20180907	MDK500MAUNIM0000019201	000115089	10	LB	CONDUCTOR,	CLASS AA, 7 STRANDS, HD, POPPY	24.68
20180907	MDK500MAUNIM0000019201	000149666	1	EA	BRACKET, LIG		184.70
20180907	MDK500MAUNIM0000019201	000606970	1	EA	POLE, PENTA	PER HECO SPEC M7306-7, DWG #40894.	1,134.76

Expense Element: 201 Subtotal: 2,239.69

Total: ~~2,239.69~~

Work Order Total: 7,213.20

MATERIAL COST \$2,239.69
 TRANSFORMER COST
 (NET DEPRECIATION) \$ 882.82

 TOTAL \$3,122.51

1652 Work Order Detail Report

Report Parameters

District: MECO

WO: *

Parent WO TD023332

From Period: 199901

To Period: 201809

Show Emp Info N

Work Order: TD052685 RO MAUI DIST OH LINE DAMAGE REMOVE

Labor Costs

Process Pd	Tran Dte	Acct Code	Emp ID	Last Name	First Name	No of Hours	Tran Amt
Expense Element: 150							
201809	20180907	MDE500MAUNRM0000019150				5.50	273.35
	20180907	MDK500MAUNRM0000019150				3.00	169.68
	20180907	MDK500MAUNRM0000019150				3.00	169.68
	20180907	MDK500MAUNRM0000019150				3.00	169.68
	20180907	MDK500MAUNRM0000019150				3.00	169.68
	20180907	MDK500MAUNRM0000019150				3.00	169.68
Subtotal:						20.50	1,121.75
Expense Element: 150 Subtotal:						20.50	1,121.75
Expense Element: 155							
201809						0.00	8.95
						0.00	229.54
Expense Element: 155 Subtotal:						0.00	238.49
Expense Element: 404							
201809						0.00	82.50
						0.00	225.00
Expense Element: 404 Subtotal:						0.00	307.50
Expense Element: 406							
201809						0.00	84.10
						0.00	229.35
Expense Element: 406 Subtotal:						0.00	313.45
Expense Element: 421							
201809						0.00	39.82
						0.00	108.60
Expense Element: 421 Subtotal:						0.00	148.42
Expense Element: 422							

Report Parameters

Show Emp Info N

Tran Dte	Acct Code	Voucher No	Description	Accountant Code	Qty Amt	Tran Amt
Expense Element: 404						
20181002	MDK500MAUNRM0000019404	ME180930	JE_Desc - 09/2018 ED overhead	GLINTERFAC	0	163.19
20181002	MDE500MAUNRM0000019404	ME180930	JE_Desc - 09/2018 ED overhead	GLINTERFAC	0	42.73
Expense Element: 404					Subtotal:	205.92
					Total:	205.92
					Work Order Total:	2,929.37

1652 Work Order Detail Report

Report Parameters

District: MECO	WO: *	Parent WO TD023332	From Period: 199901	To Period: 201809	Show Emp Info N
Parent WO Total:					10,750.55

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Page 1 of 11 DOT-1-174A (HWY-T) Rev. 05/08Report Number. 18-037471[illegible]

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

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-037471

(32) Unit No. 01		(33) No. of Occ. 1		UNIT INFORMATION																																																																											
(34) Unit Class										(35) Race																																																																					
<input type="radio"/> Passenger Car (01) <input type="radio"/> Passenger Van (02) <input type="radio"/> Pickup Truck (03) <input type="radio"/> SUV/MPV (04) <input type="radio"/> Cargo Van < 10,001 lbs (05) <input type="radio"/> Other Truck < 10,001 lbs (06) <input checked="" 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 checked="" 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																																																											
GUZMAN					JOHN										<input checked="" type="radio"/> M (01) <input type="radio"/> F (02)					09/28/1977																																																											
(41) Street No.					(42) Street Name										(43) St., Pl., Blvd., Etc.					(44) Apt./Suite Number																																																											
1085					ULUNIU										RD																																																																
(45) City					(46) State					(47) Zip Code					(48) Home Phone Number																																																																
KIHAI					HI					96753					(808) 740-8665																																																																
(49) Occupation										(50) Employer/Company Name																																																																					
<input type="radio"/> Unemployed (00) <input type="radio"/> U.S. Army (01) <input type="radio"/> U.S. Navy (02) <input type="radio"/> U.S. Air Force (03) <input type="radio"/> U.S. Marines (04) <input type="radio"/> U.S. Coast Guard (05) <input type="radio"/> Other Military (06)										<input type="radio"/> Fed. Govt. Civ. (07) <input type="radio"/> State Govt. (08) <input checked="" type="radio"/> County Govt. (09) <input type="radio"/> Foreign Govt./Civ. (10) <input type="radio"/> Retired (11) <input type="radio"/> Student - Elem. (12) <input type="radio"/> Student - Inter. (13)										<input type="radio"/> Student - HS (14) <input type="radio"/> Student - Col. (15) <input type="radio"/> U.S. Tourist (16) <input type="radio"/> Foreign Tourist (17) <input type="radio"/> Police Officer (18) <input type="radio"/> Other (19) <input type="radio"/> Not Stated (20)										COUNTY OF MAUI (REFUSE) (51) Work Phone Number: (808) 205-3529 (52) Other Phone/Pager Number: (808) 205-3529 (53) Driver's License Number: H00492319 (54) St./Juris: HI (55) Class: B (56) Restrict.: NONE (57) Endorse.: NONE (58) CDL Type: <input type="radio"/> Non-CDL (01) <input type="radio"/> Non-CDL/Restricted (02) <input checked="" type="radio"/> CDL (03) (59) Driver's License Status: <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) SEST GIVEN										(86) SEST RESULTS																																																																					
<input checked="" type="radio"/> No (01) <input type="radio"/> Yes (02)										<input type="radio"/> Refused (03) <input type="radio"/> Passed (01) <input type="radio"/> Failed (02)										<input checked="" type="radio"/> Does Not Apply (03)																																																											
(87) Alcohol Test Results										(88) Drug Test Results																																																																					
(87A) Status					(87B) Type					(87C) Results					(88A) Status					(88B) Type					(88C) Results																																																						
<input checked="" type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02)					<input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03)					<input type="radio"/> Value (01) <input type="radio"/> Pending (02)					<input checked="" type="radio"/> None (00) <input type="radio"/> Refused (01) <input type="radio"/> Given (02)					<input type="radio"/> Blood (01) <input type="radio"/> Breath (02) <input type="radio"/> Other (03)					<input type="radio"/> Positive (01) <input type="radio"/> Negative (02) <input type="radio"/> Pending (03)																																																						
(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.																																												
2014										WHI					WHI										CM2513										HI																																												
(80) Vehicle VIN Number										(81) Emer. Veh. In Use										(82) Vehicle Stolen																																																											
5 V C A C R U F 2 E H 2 1 6 7 7 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 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 checked="" 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"/> 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)									

Officer's Initials: JKK

Supervisor's Initials: MSW

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number 18-037471

Unit No 01		UNIT INFORMATION (Cont.)			
(89) Citations		(90) Est. Damages		(91) Extent of Damage	
Citation Number	Offense Code (H.R.S./R.O. Section No.)	<input type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)		<input checked="" type="radio"/> None (00) <input type="radio"/> Functional (02) <input type="radio"/> Minor (01) <input type="radio"/> Disabling (03)	
				(92) Is this a CMV or Other QUALIFYING Vehicle? <input type="radio"/> No (01) <input checked="" type="radio"/> Yes (02) If yes, go to CMV SUPPLEMENT	
		(95A) Object (1) Struck/Damage Description		(95A) Object (2) Struck/Damage Description	
		MECO POLE #E-1 (OHINA STREET)		4' STONE AND CONCRETE PILLAR	
		(95B) (Object 1) Owner's Name		(95B) (Object 2) Owner's Name	
		MAUI ELECTRIC COMPANY		CRAWFORD, GEORGE	
		(95C) (Object 1) Owner's Phone Number		(95C) (Object 2) Owner's Phone Number	
		(808) 871-2366		(808) 250-5451	
		(95D) Estimated Damages to Object 1		(95D) Estimated Damages to Object 2	
		<input checked="" type="radio"/> \$3,000 or Greater (01) <input type="radio"/> Less than \$3,000 (02)		<input type="radio"/> \$3,000 or Greater (01) <input checked="" type="radio"/> Less than \$3,000 (02)	
(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below		(94) Direction			
		From S To I			
9		Circle Damaged Areas			
(97) Motor Vehicle Maneuver/Action		(98) Reason for Maneuver		(99) Traffic Control Device Type	
<input type="radio"/> Straight Ahead (01) <input type="radio"/> Parking (07) <input type="radio"/> Turning Left (14) <input type="radio"/> Changing Lanes (02) <input type="radio"/> Parked (08) <input type="radio"/> U-Turn (15) <input type="radio"/> Merging (03) <input type="radio"/> Start from Parked (09) <input type="radio"/> Entering Traffic (16) <input type="radio"/> Overtaking/Passing (04) <input type="radio"/> Stopped in Traffic (10) <input type="radio"/> Negotiating a Curve (17) <input checked="" 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 type="radio"/> No Controls (00) <input type="radio"/> School Zone Sign/Device (07) <input type="radio"/> Traffic Signal (01) <input type="radio"/> Warning Sign (08) <input checked="" type="radio"/> Stop Sign (02) <input type="radio"/> Railway X-ing Device (09) <input type="radio"/> Yield Sign (03) <input type="radio"/> Flashing Red (04) <input type="radio"/> Flashing Amber (05) <input type="radio"/> Other (10) <input type="radio"/> Person (06)	
(100) Traffic Control Condition		(101) Guidance/Pavement Markings		(102) Delineator Present	
<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)		None (00) <input type="radio"/> Lft <input type="radio"/> Rgt Solid Yellow (01) <input type="radio"/> No Passing Yellow (06) Skip-Dash Yellow (02) <input type="radio"/> Curb/Median, Etc (07) Solid White (03) <input type="radio"/> Bkway Marking (08) Skip-Dash White (04) <input type="radio"/> Crosswalk Marking (09) Solid Double Yellow (05) <input type="radio"/> Turn Lane (10)		<input checked="" type="radio"/> None (00) <input type="radio"/> Right (01) <input type="radio"/> Left (02) <input type="radio"/> Both Sides (03)	
(104) Vehicle Factors (Select Up to 2)		(105) Vision Obstruction (Select up to 2)		(106) Human Factors (Select up to 2)	
<input checked="" type="radio"/> None (00) <input type="radio"/> Suspension (08) <input type="radio"/> Worn Tires (01) <input type="radio"/> Wheels (09) <input type="radio"/> Tire Failure (02) <input type="radio"/> Power Train (10) <input type="radio"/> Brakes (03) <input type="radio"/> Window/Windshield (11) <input type="radio"/> Headlights (04) <input type="radio"/> Mirrors (12) <input type="radio"/> Taillights (05) <input type="radio"/> Wipers (13) <input type="radio"/> Signals (06) <input type="radio"/> Trailer Coupling (14) <input type="radio"/> Steering (07) <input type="radio"/> Other (15)		<input checked="" type="radio"/> None (00) <input type="radio"/> Glare (06) <input type="radio"/> Trees/Brush/Fence (01) <input type="radio"/> Weather Condition (07) <input type="radio"/> Embankment (02) <input type="radio"/> Pedestrian (08) <input type="radio"/> Building (03) <input type="radio"/> Animal(s) in Road (09) <input type="radio"/> Moving Vehicle (04) <input type="radio"/> Other (10) <input type="radio"/> Parked/Stopped Vehicle (05)		<input 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)	
(107) Driver Distracted By		(108) Other Factors (Select up to 4)		(109) Roadway Comp	
<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)		<input checked="" type="radio"/> No Improper Action (00) <input type="radio"/> Failure to Yield (06) <input type="radio"/> Improper Backing (13) <input type="radio"/> Other Improper Action (18) <input type="radio"/> Drove too Fast for Conditions (01) <input type="radio"/> Wrong Side/Way (07) <input type="radio"/> Followed too Closely (14) <input type="radio"/> Illegally in Roadway (19) <input type="radio"/> Exceed Posted Speed Limit (02) <input type="radio"/> Crossed Centerline (08) <input type="radio"/> Aggressive, Reckless Driving (15) <input type="radio"/> Improper Crossing (20) <input type="radio"/> Disregard Traffic Signals (03) <input type="radio"/> Failure to Keep in Proper Lane (10) <input type="radio"/> Swerved to Avoid Obstacle (16) <input type="radio"/> Pedestrian Viol. (21) <input type="radio"/> Disregard Red Light (04) <input type="radio"/> Improper Turn (11) <input type="radio"/> Over Correcting or Over Steering (17) <input type="radio"/> Inattention [Talking, Etc.] (22) <input type="radio"/> Disregard Other Trfc. Ctrl. Dev (05) <input type="radio"/> Improper Passing (12) <input type="radio"/> Bicycle Violation (23) <input type="radio"/> Clothing not Visible (24)		<input type="radio"/> Concrete (01) <input checked="" type="radio"/> Dry (01) <input type="radio"/> Slush (07) <input checked="" type="radio"/> Asphalt (02) <input type="radio"/> Wet (02) <input type="radio"/> Ice/Frost (08) <input type="radio"/> Gravel (03) <input type="radio"/> Mud, Dirt, Gravel (03) <input type="radio"/> Water (09) <input type="radio"/> Dirt (04) <input type="radio"/> Debris (04) <input type="radio"/> Sand (10) <input type="radio"/> Other (05) <input type="radio"/> Oil (05) <input type="radio"/> Snow (06)	
(111) Other Roadway Conditions		(112) Roadway Alignment (Horizontal)		(113) Roadway Alignment (Vertical)	
<input checked="" type="radio"/> None (00) <input type="radio"/> Low Shoulder (03) <input type="radio"/> Loose Material (06) <input type="radio"/> Ruts, Holes, Etc. (01) <input type="radio"/> Soft Shoulder (04) <input type="radio"/> Worn, Polished (07) <input type="radio"/> No Shoulder (02) <input type="radio"/> High Shoulder (05) <input type="radio"/> Other (08)		<input checked="" type="radio"/> Straight (01) <input type="radio"/> Curve Left (02) <input type="radio"/> Curve Right (03)		<input checked="" type="radio"/> Level (01) <input type="radio"/> Downhill (04) <input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05) <input type="radio"/> Uphill (03)	
Officer's Rank and Name		Officer's ID Number		Date/Time	
PO2 KAHUHU, JAMES K		12154		9/12/18 08:41	
Supervisor's Rank and Name		Supervisor's ID Number		Date/Time	
SGTD6 WON, MYLES S		2397		9/12/18 11:52	

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT


Report Number 18-037471

UNIT INFORMATION (Cont.)					
Unit No 01					
(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 type="radio"/> Less than \$3,000 (02)	<input checked="" type="radio"/> None (00) <input type="radio"/> Functional (02) <input type="radio"/> Minor (01) <input type="radio"/> Disabling (03)		<input type="radio"/> No (01) <input checked="" type="radio"/> Yes (02) If yes, go to CMV SUPPLEMENT
		(95A) Object (1) Struck/Damage Description	(96A) Object (2) Struck/Damage Description		
		ABOUT 75 YARDS OF WIRES /			
		(95B) (Object 1) Owner's Name	(96B) (Object 2) Owner's Name		
		HAWAIIAN TEL COM			
		(95C) (Object 1) Owner's Phone Number	(96C) (Object 2) Owner's Phone Number		
		(808) 832-7211			
		(95D) Estimated Damages to Object 1	(96D) Estimated Damages to Object 2		
		<input type="radio"/> \$3,000 or Greater (01) <input checked="" type="radio"/> Less than \$3,000 (02)	<input type="radio"/> \$3,000 or Greater (01) <input checked="" type="radio"/> Less than \$3,000 (02)		
(93) Using the Diagram to the Right, Indicate Initial Impact Point in block below:					
<p>Circle Damaged Areas</p> <p>9</p>					
(94) Direction From To					
S I					
(97) Motor Vehicle Maneuver/Action		(98) Reason for Maneuver		(99) Traffic Control Device Type	
<input type="radio"/> Straight Ahead (01) <input type="radio"/> Parking (07) <input type="radio"/> Turning Left (14) <input type="radio"/> Changing Lanes (02) <input type="radio"/> Parked (08) <input type="radio"/> U-Turn (15) <input type="radio"/> Merging (03) <input type="radio"/> Start from Parked (09) <input type="radio"/> Entering Traffic (16) <input type="radio"/> Overtaking/Passing (04) <input type="radio"/> Stopped in Traffic (10) <input type="radio"/> Negotiating a Curve (17) <input checked="" 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 type="radio"/> No Controls (00) <input type="radio"/> School Zone Sign/Device (07) <input type="radio"/> Traffic Signal (01) <input type="radio"/> Warning Sign (08) <input checked="" type="radio"/> Stop Sign (02) <input type="radio"/> Railway X-ing Device (09) <input type="radio"/> Yield Sign (03) <input type="radio"/> Flashing Red (04) <input type="radio"/> Flashing Amber (05) <input type="radio"/> Other (10) <input type="radio"/> Person (06)	
(100) Traffic Control Condition		(101) Guidance/Pavement Markings		(102) Delineator Present	(103) Bikeway
<input checked="" type="radio"/> Functioning Properly (01) <input type="radio"/> Green Malfunction (06) <input type="radio"/> Knocked Down (02) <input type="radio"/> Arrow Malfunction (07) <input type="radio"/> Obscured (03) <input type="radio"/> Lights Not Changing (08) <input type="radio"/> Red Malfunction (04) <input type="radio"/> Other Malfunction (09) <input type="radio"/> Yellow Malfunction (05)		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 checked="" 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 checked="" type="radio"/> None (00) <input type="radio"/> Bike Route (Signed) (01) <input type="radio"/> Bike Lane Stripe (02) <input type="radio"/> Separate Path/Lane (03)
(104) Vehicle Factors (Select Up to 2)		(105) Vision Obstruction (Select up to 2)		(106) Human Factors (Select up to 2)	
<input checked="" type="radio"/> None (00) <input type="radio"/> Suspension (08) <input type="radio"/> Worn Tires (01) <input type="radio"/> Wheels (09) <input type="radio"/> Tire Failure (02) <input type="radio"/> Power Train (10) <input type="radio"/> Brakes (03) <input type="radio"/> Window/Windshield (11) <input type="radio"/> Headlights (04) <input type="radio"/> Mirrors (12) <input type="radio"/> Taillights (05) <input type="radio"/> Wipers (13) <input type="radio"/> Signals (06) <input type="radio"/> Trailer Coupling (14) <input type="radio"/> Steering (07) <input type="radio"/> Other (15)		<input checked="" type="radio"/> None (00) <input type="radio"/> Glare (06) <input type="radio"/> Trees/Brush/Fence (01) <input type="radio"/> Weather Condition (07) <input type="radio"/> Embankment (02) <input type="radio"/> Pedestrian (08) <input type="radio"/> Building (03) <input type="radio"/> Animal(s) in Road (09) <input type="radio"/> Moving Vehicle (04) <input type="radio"/> Other (10) <input type="radio"/> Parked/Stopped Vehicle (05)		<input 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)	
				(107) Driver Distracted By	
				<input checked="" type="radio"/> Not Distracted (00) <input type="radio"/> Cellular Phone (01) <input type="radio"/> Other Elect. Comm Device (02) <input type="radio"/> Other Electronic Device (03) <input type="radio"/> Other Inside Vehicle (04) <input type="radio"/> Other Outside Vehicle (05) <input type="radio"/> Other Occupant (06)	
(108) Other Factors (Select up to 4)				(109) Roadway Comp.	(110) Roadway Surface
<input checked="" type="radio"/> No Improper Action (00) <input type="radio"/> Failure to Yield (06) <input type="radio"/> Improper Backing (13) <input type="radio"/> Other Improper Action (18) <input type="radio"/> Drove too Fast for Conditions (01) <input type="radio"/> Wrong Side/Way (07) <input type="radio"/> Followed too Closely (14) <input type="radio"/> Illegally in Roadway (19) <input type="radio"/> Exceed Posted Speed Limit (02) <input type="radio"/> Crossed Centerline (08) <input type="radio"/> Aggressive, Reckless Driving (15) <input type="radio"/> Improper Crossing (20) <input type="radio"/> Disregard Traffic Signals (03) <input type="radio"/> Failure to Keep in Proper Lane (10) <input type="radio"/> Swerved to Avoid Obstacle (16) <input type="radio"/> Pedestrian Viol. (21) <input type="radio"/> Disregard Red Light (04) <input type="radio"/> Improper Turn (11) <input type="radio"/> Inattention (Talking, Etc.) (22) <input type="radio"/> Bicycle Violation (23) <input type="radio"/> Disregard Other Tric. Ctrl. Dev. (05) <input type="radio"/> Improper Passing (12) <input type="radio"/> Over Correcting or Over Steering (17) <input type="radio"/> Clothing not Visible (24)				<input type="radio"/> Concrete (01) <input checked="" type="radio"/> Asphalt (02) <input type="radio"/> Gravel (03) <input type="radio"/> Dirt (04) <input type="radio"/> Other (05)	<input 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 checked="" type="radio"/> Level (01) <input type="radio"/> Downhill (04) <input type="radio"/> Hillcrest (02) <input type="radio"/> Sag (05) <input type="radio"/> Uphill (03)	
Officer's Rank and Name		Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number
PO2 KAHUHU, JAMES K		12164	9/12/18 08:41	SGTD6 WON, MYLES S	2397
					Date/Time
					9/12/18 11:52

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number 18-037471

DIAGRAM

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

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

DR-1 traveling North on Ohina Street approaching the posted stop sign for Keonekai Road, collided into over head cables which brought down MECO Pole #E-1 (Ohina Street) as well as electric and telephone lines connected to said pole. DR-1 sustained no pain or injuries,

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 KAHUHU, JAMES K	12154	9/12/18 08:41	SGTD6 WON, MYLES S	2397	9/12/18 11:52

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number 18-037471

Synopsis (continued)

company vehicle CM-2513 sustained no damages. Per MECO representative, estimated damages to MECO Pole #E-1 as well as their lines are \$10,000. Per Hawaiian Tel Com Representative, estimated damages / repairs to their lines and cables are \$1,000. And per George CRAWFORD, owner of the concrete / stone pillar and mailbox fronting 2684 Ohina Street, estimated damages are \$2,000.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 KAHUHU, JAMES K	12154	9/12/18 08:41	SGT06 WON, MYLES S	2397	9/12/18 11:52

{120} ALL PERSONS

E- Ejection 00 Not Ejected 01 Ejected, Total 02 Ejected, Partial 03 N/A Non-motorist 04 Unknown F- Safety Equipment Use 00 Not Present 01 Not Used 02 Shoulder/Lap Belt Used 03 Lap Belt Only Used 04 Shoulder Belt Only Used 05 Not Able to Determine 06 Child Restraint (Forward) 07 Child Restraint (Rear) 08 Booster Seat 09 Child Restraint (Unk. Type) 10 Child Restraint (Improper) 11 Helmet Used 12 N/A (Non-Motorist) 13 Unknown G- Air Bag Deployed 00 Not Present 01 Not Deployed 02 Deployed - Front 03 Deployed - Side 04 Deployed - Other 05 Deployed - Combination 06 Deployed - Curtain	H- Injury Class 00 None 01 Possible 02 Non-Incapacitating 03 Incapacitating 04 Fatal 05 Unknown	I- Injury Area 00 None 01 Head 02 Face 03 Eyes 04 Neck 05 Thorax (Chest) 06 Spine/Back 07 Shoulder/Upper Arm 08 Elbow/Lower Arm/Hand 09 Abdomen/Pelvis 10 Hip/Upper Leg 11 Knee/Lower Leg/Foot 12 Entire Body	J- Accident Site Care 00 None 01 First Aid 02 Resuscitation 03 Extrication 04 Both 1 & 2 05 Both 1 & 3 06 Both 2 & 3 07 Other 08 Refused K- Trans. to Med. Facility 00 Not Transported 01 EMS 02 Police 03 Helicopter 04 Private Vehicle 05 Other	L- Medical Facility Hawaii County 01 Hilo Medical Center 02 Kona Hospital 03 Kau Hospital 04 Kohala Hospital 05 Honokaa Hospital 06 N. Hawaii Comm. Hosp. Molokai/Lanai 11 Molokai General Hosp. 12 Lanai Comm. Hospital Kauai County 13 Wilcox Memorial Hosp. 14 Kauai Vet. Mem. Hosp. C&C Honolulu 15 Castle Medical Center 16 Shriner's Hosp. for Children 17 Kahuku Hospital 18 Kaiser Permanente 19 Kaiser Clinic - Honolulu	C&C Honolulu (cont.) 20 Kaneohe State Hospital 21 Kapiolani Medical Ctr 22 Kapiolani Med. - Pali Momi 23 Kuakini Med. Ctr 24 Hawaii Med. Ctr 25 Hawaii Med. Ctr West 26 Queen's Medical Center 27 Straub Clinic & Hosp 28 Tripler Army Med. Ctr. 29 Wahiawa General Hosp 30 Waianae Comp. Ctr. 99 Other
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B- Position in Unit

Motorcycle/Moped/Bicycle

Pedestrian

Motor Vehicle

For lap position use 1 in place of 0

Name and Address	A Unit	B Posit.	C Age	D Sex	E Eject	F Safety	G Air Bag	H Injury	I Area	J Care	K Trans	L Hosp	M Cond.	N EMS No
GUZMAN, JOHN 1085 ULUNIU RD, KIHAI, HI 96753	01	10	40	M	00	01	01	00						

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number: 18-037471

Unit No. 01		Commercial Motor Vehicle Supplement								
INSTRUCTIONS:										
IF number 1, 2, or 3 apply. AND either A, B, or C apply; THEN complete this supplement for each CMV or qualifying vehicle.										
1 2 3	1	ANY truck having a gross vehicle weight rating (GVWR) greater than 10,000 lbs., or a gross combined vehicle weight rating (GCWR) greater than 10,000 lbs.; OR;	AND	A	ANY person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash. OR;					
	2	ANY Motor Vehicle with seats to transport nine (9) or more people including the driver's seat; OR,		B	ANY person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene; OR;					
	3	ANY vehicle displaying a hazardous materials placard regardless of the weight.		C	ANY motor vehicle (truck or truck combination, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.					
QUALIFYING INFORMATION										
(200) This form is being completed because this vehicle is:		(201) Number of		(202) At the time of the crash, this vehicle was:						
<input checked="" type="radio"/> A truck or truck combination over 10,000 lbs. (GVWR/GCWR) <input type="radio"/> A bus with seats for 9 or more, including the driver. <input type="radio"/> A vehicle of any type with a Hazardous Materials placard.		Total involved vehicles in the crash:		<input checked="" type="radio"/> Operating on a trafficway open to the public. <input type="radio"/> Parked On/Off the trafficway						
		Person(s) sustaining Fatal injury								
		Injured Person(s) Transported for IMMEDIATE Treatment:								
		Vehicles towed due to DISABLING DAMAGE:								
VEHICLE INFORMATION										
(203) Vehicle Configuration		(204) Cargo Body Type		(205) GVWR, GCWR (Use GCWR for truck combinations)						
<input type="radio"/> Passenger Car (Only with Hazardous Materials Placard) (01) <input type="radio"/> Light Truck (Only with Hazardous Materials Placard) (02) <input type="radio"/> Bus (Seats 9-15 including the driver) (03) <input type="radio"/> Bus (Seats 16 or more including the driver) (04) <input type="radio"/> Single Unit Truck (2 Axles/6 Tires) (05) <input type="radio"/> Single Unit Truck (3 or more axles) (06) <input type="radio"/> Truck/Trailer(s) (Single Unit Truck with Trailer(s)) (07) <input type="radio"/> Truck/Tractor (without trailer, bobtail, or saddle mount) (08) <input type="radio"/> Tractor/Semi-Trailer (one trailer) (09) <input type="radio"/> Tractor/Doubles (two trailers) (10) <input type="radio"/> Tractor/Triples (three trailers) (11) <input checked="" type="radio"/> Other truck over 10,000 lbs. (not listed above) (99)		<input type="radio"/> Not Applicable/No cargo body (00) <input type="radio"/> Bus (seats 9-15 including driver) (01) <input type="radio"/> Bus (Seats 16 or more including the driver) (02) <input type="radio"/> Van/Enclosed box (03) <input type="radio"/> Cargo Tank (04) <input type="radio"/> Flatbed (05) <input type="radio"/> Dump (06) <input type="radio"/> Concrete Mixer (07) <input type="radio"/> Auto Transporter (08) <input checked="" type="radio"/> Garbage/Refuse (09) <input type="radio"/> Grain, Chips, Gravel (10) <input type="radio"/> Pole (11) <input type="radio"/> Vehicle Towing Another Vehicle (12) <input type="radio"/> Intermodal Chassis (13) <input type="radio"/> Log (14) <input type="radio"/> Other Cargo Body Not Listed (98)		<input type="radio"/> 10,000 lbs., or less (01) <input type="radio"/> 10,001 lbs., to 26,000 lbs. (02) <input checked="" type="radio"/> Over 26,000 lbs. (03)						
				(206) Bus Use						
				<input checked="" type="radio"/> Not a Bus (00) <input type="radio"/> School [public or private] (01) <input type="radio"/> Transit (02) <input type="radio"/> Inter-city (03) <input type="radio"/> Charter (04) <input type="radio"/> Other (05)						
				(207) Hazardous Materials						
				HAZMAT Placard Present <input type="radio"/> No (01) <input type="radio"/> Yes (02)						
				If yes, HM 4-Digit #/Name from Diamond: <input style="width: 100px;" type="text"/>						
				If yes, HM Class # bottom of Diamond: <input style="width: 100px;" type="text"/>						
				Was HAZMAT released from vehicle's cargo: <input type="radio"/> No (01) <input type="radio"/> Yes (02)						
				MOTOR CARRIER INFORMATION						
				(208) Type of Carrier		(209) Employer/Company Name			(217) Carrier Identification No.	
<input type="radio"/> Interstate Carrier (01) <input type="radio"/> Intrastate Carrier (02) <input type="radio"/> Not in Commerce - Govt. (03) <input type="radio"/> Not in Commerce - Other (04) (Over 10,000 lbs. GVWR/GCWR)		<input type="radio"/> None <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">US DOT #:</td> <td style="width: 70%;"></td> </tr> <tr> <td>MC/MX #:</td> <td></td> </tr> <tr> <td>State #:</td> <td></td> </tr> </table>			US DOT #:		MC/MX #:		State #:	
					US DOT #:					
					MC/MX #:					
					State #:					
(210) Str. No.	(211) Street Name	(212) Apt/Ste	(213) Phone No.							
(214) City	(215) State	(216) Zip Code								
Officer's Rank and Name		Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number					
PO2 KAHUHU, JAMES K		12154	9/12/18 08:41	SGT06 WON, MYLES S	2397					
					Date/Time					
					9/12/18 11:52					

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

Report Number 18-037471

Narrative

ASSIGNMENT:

On 09/07/18 at 1038 hours, I heard Officers E. GRUNDY and B. KIBBY being assigned by dispatch to respond to Keonekai Road and Ohina Street for a motor vehicle accident, involving a rubbish truck that took down an electric pole and lines, and the lines are on the truck. Dispatch advised responding units to proceed in the emergency mode (lights and siren). I informed dispatch I was closer, will be responding.

ARRIVAL / OBSERVATIONS:

I arrived at 1041 hours and observed a white colored County of Maui Rubbish Truck, parked facing North on Ohina Street, just South of the intersection with Keonekai Road, with cables on top as well as along the front portion of the dump. Also observed a MECO pole lying across the entire roadway of Ohina Street, about 50 feet South of Keonekai Road, and lines still attached to the pole. There were also lines laying across the roadway of Ohina Street, about 100 yards from Keonekai Road.

FIRE ON SCENE:

At 1044 hours, Engine 14 arrived on scene.

PROPERTY DAMAGE / CALL OUT:

It appears the cables got caught on the front lip area of the County of Maui truck's dump, and as it moved forward, the truck pulled the lines / cables hard enough to where it uprooted MECO Pole. After the pole uprooted, the bottom of the pole severed / snapped as part of the pole was still buried in the ground. MECO and Hawaiian Tel Com were called out. Response to the scene is unknown, no exact estimated response time was given to dispatch.

TEMPORARY CLOSURE:

Ohina Street, between Keonekai Road and Palima Place were closed. No motorists or pedestrians were allowed within this area, due to the down pole, cables, and lines. PIO (Lt. G. OKAMOTO) and HITT supervisor (Sgt. A. WALLWORK) were notified, informed of the temporary closure. Sgt. WALLWORK will send one of his guys to my location to assist with the closure (traffic control), as the road will be closed anywhere from 4 to 8 hours. Officer M. ENGORING arrived on scene about 30 minutes later. Lt H. OKAMOTO will advise the public.

STATEMENT OF: GUZMAN, John E.A. A/M/FIL/CIT

On 09/07/18 at 1055 hours, I obtained the following statement on scene.

GUZMAN stated he just completed picking up the last trash can on Ohina Street. Stated the stop sign for Keonekai Road is about 100 feet North of the last can's location. He was traveling about 4-5 mph towards the stop sign when he felt tension, as the truck did not want to continue forward. He looked in his exterior mirrors however, he could not see anything on his truck. He definitely knew there was nothing in the front of his truck. So, he proceeded forward. Although the truck had tension, the truck moved forward. Thought it might be mechanical.

A second later, he heard a cracking sound and when he looked into the exterior driver side mirror, he observed a pole fall behind his truck. Stated he stopped the truck, put it in park, and opened his driver side door. When he stepped out of the truck, he observed electric lines and phone cables that were stilled attached to the down pole, laying on top and across his truck. He immediately jumped out of the truck and walked to a safe spot.

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 KAHUHU, JAMES K	12154	9/12/18 08:41	SGTD6 WON, MYLES S	2397	9/12/18 11:52

STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

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Stated this is his normal route and at no time prior to today has he snagged any lines or cables on Ohina Street. Stated as he approached the stop sign for Keonekai Road, he saw the lines and cables but, it did not appear to be hanging lower than usual. Stated he did not sustain any pain or injury, and there were no damages to his work truck.

INJURIES / TREATMENT:

No injuries reported or observed. No treatment was necessary

VEHICLE DAMAGES:

County of Maui refuge truck License Plate 2513, sustained no damages. Because the make of the truck is not in the drop down list in the vehicle module of ILEADS, vehicle information is listed here.

It's a 2014 AUTC, Dump truck, white in color.
VIN: 5VCACRUF2EH216779

STATEMENT OF: MACARAEG, Gabby A/M/FIL/CIT

On 09/07/18 at 1110 hours, I obtained the brief statement on scene.

MACARAEG stated it appears as the County of Maui refuge truck snagged and pulled the lines and cables, truck pulled it hard enough to uproot MECO Pole E-1. Because the entire pole did not exit the ground, the bottom of the pole that did exit the ground snapped / severed. As the lines and cables fell along with the pole, it automatically tripped / knocked off the power, and the lines are no longer live / hot.

It should take about 4-5 hours to clear as least the North lane of Ohina Street however, it might take an additional 4-5 hours to clear the entire street. After they clear the North lane of Ohina Street, they will use the South lane for their repairs, etc. MACARAEG stated he will try to obtain his own traffic crew but for now, asked if MPD can assist with traffic control till then.

Damages sustained was an uprooted and severed MECO Pole #E-1 (Ohina Street), about 100 yards of wires needs to be repaired. Estimated damages are \$10,000.

STATEMENT OF: MARTIN, Brian A/M/CAU/CIT

On 09/07/18 at 1205 hours, I obtained the following brief statement via phone (808) 264-1682.

MARTIN stated they just have to repair about 75 yards of cables / lines, estimated damages are about \$1,000.

STATEMENT OF: CRAWFORD, George A/M/CAU/CIT

On 09/07/18 at 1230 hours, the following statement was obtained fronting the residence of 2684 Ohina Street.

CRAWFORD he was not home when this incident occurred. Stated the estimated damages sustained to his 4' concrete / stone pillar and mailbox is about \$2,000.

INVESTIGATION:

DR-1 traveling North on Ohina Street approaching the posted stop sign for Keonekai Road,

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STATE OF HAWAII MOTOR VEHICLE ACCIDENT REPORT

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Narrative

collided into over head cables which brought down MECO Pole #E-1 (Ohina Street) as well as electric and telephone lines connected to said pole. DR-1 sustained no pain or injuries, company vehicle CM-2513 sustained no damages. Per MECO representative, estimated damages to MECO Pole #E-1 as well as their lines are \$10,000. Per Hawaiian Tel Com Representative, estimated damages / repairs to their lines and cables are \$1,000. And per George CRAWFORD, owner of the concrete / stone pillar and mailbox fronting 2684 Ohina Street, estimated damages are \$2,000.

DISPOSITION:

Records...

Submitted By:

P.O. II James K. KAHUHU E-12154
Bravo 44 Alpha Watch
09/10/18 1200 hours

Officer's Rank and Name	Officer's ID Number	Date/Time	Supervisor's Rank and Name	Supervisor's ID Number	Date/Time
PO2 KAHUHU, JAMES K	12154	9/12/18 08:41	SGTD6 WON, MYLES S	2397	9/12/18 11:52

RELEASE OF PROPERTY DAMAGE CLAIM

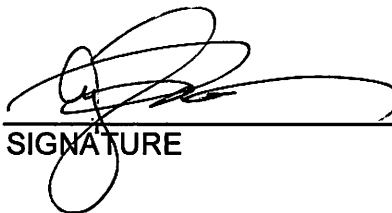
Maui Electric Company, Limited, their heirs, assigns and successors, thereby release and forever discharge the County of Maui, its officers, employees and agents, from all causes of action, and agree to withdraw, dismiss or refrain from filing any claim, complaint, charge or appeal against the County of Maui with any court, government board, agency, department or entity concerning the incidents, occurrences or losses involving your property, including but not limited to an electric pole and telecommunication lines located on Ohina Street 61 feet south of Keonekai Road, on September 7, 2018 in Kihei, in the State of Hawaii.

In consideration of this release of property damage claim, County of Maui agrees to pay **twelve thousand four hundred twenty and 84/100 dollars** (\$12,420.84) as full and final release and satisfaction of the property damage claim brought by Maui Electric Company, Limited against the County of Maui.

It is hereby expressly understood and agreed that the payment or granting of the consideration described above is not an admission of liability or fault of any kind, but compromises and settles all property damage disputes between the parties for the purpose of avoiding further litigation or expense. Said payment is the final consideration of this Property Damage Release, and no other payment or consideration has been promised or will be paid for this property damage claim. This release is for property damage only and does not waive or release claims for bodily injury.

This release is non-binding pending County of Maui approval. Each party to this agreement agrees to bear their own costs and attorney's fees.

Signed this 3rd day of September 2020.


A handwritten signature in black ink, consisting of a stylized 'C' followed by 'y' and 'd' and then 'Kau'i Awai-Dickson' in a cursive script.

SIGNATURE

Cyd Kau'i Awai-Dickson, Assistant Secretary
PRINTED NAME OF SIGNER & TITLE

)

[Affix Seal]