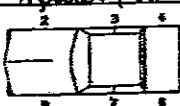
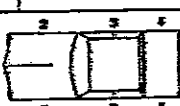


Local Traffic Crash Report

Local Report Number 000180016894

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved: <u>01</u>		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged)	
Over \$150 <input checked="" type="checkbox"/> Under \$150 <input type="checkbox"/>		Date of Crash: M <u>4</u> D <u>29</u> Y <u>10</u>		Day: <u>Sunday</u> Time: <u>1229</u> AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	
In County Of: <u>Vermont</u>		* Within corporate limits of: (If not, file with correct agency)		Within The Intersection Of	
Crash Occurred On: <u>6911 SR133 Blainester, VT</u>					
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.)					
Unit No. <u>01</u> No. Of Occupants <u>01</u>		Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent: <u>none</u>	
Driver - Pedestrian Name (Last, First, MI): <u>Keeler, Christopher</u>		Address (No., Street, State, Zip Code): <u>0170 Emery Rd West Milton, VT 05383</u>			
Phone No.: _____ Birth Date: M <u>7</u> D <u>23</u> Y <u>94</u>		Age: <u>13</u> Sex: <u>M</u> State: <u>VT</u>		Drivers License No.: <u>TJ634789</u> Occupation: <u>unknown</u>	
Owner (If Same As Driver, Write Same): <u>same</u> Address: _____ Phone: _____					
Vehl. Year: _____ Make: <u>Kawasaki</u> Model: <u>KX450</u>		Color: <u>multi</u> Style: <u>dirtbike</u>		License Plate No.: _____ Towing Service: _____ Veh/Ped Dir: _____	
Circle Damage Areas: 		Damage Severity: <input checked="" type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale: <input type="checkbox"/> None <input checked="" type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
		9 Top <input type="checkbox"/> 10 Undercar <input type="checkbox"/> 11 Lead <input type="checkbox"/> 12 Trailer		Vehicle Disposition: <input checked="" type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	
		Fire: <input checked="" type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire			
B Unit No. _____ No. Of Occupants _____ Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/> Insurance Co. Or Agent: _____					
Driver - Pedestrian Name (Last, First, MI): _____ Address (No., Street, State, Zip Code): _____					
Phone No.: _____ Birth Date: M _____ D _____ Y _____		Age: _____ Sex: _____ State: _____		Drivers License No.: _____ Occupation: _____	
Owner (If Same As Driver, Write Same): _____ Address: _____ Phone: _____					
Vehl. Year: _____ Make: _____ Model: _____		Color: _____ Style: _____		License Plate No.: _____ Towing Service: _____ Veh/Ped Dir: _____	
Circle Damage Areas: 		Damage Severity: <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling		Damage Scale: <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	
		9 Top <input type="checkbox"/> 10 Undercar <input type="checkbox"/> 11 Lead <input type="checkbox"/> 12 Trailer		Vehicle Disposition: <input type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	
		Fire: <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire			
C From Unit No. _____ Name (Last, First, MI): _____ Birth Date: M _____ D _____ Y _____ Age: _____ Sex: _____ Position: <u>A</u> B C D E F					
Address: _____ Phone: _____					
D From Unit No. _____ Name (Last, First, MI): _____ Birth Date: M _____ D _____ Y _____ Age: _____ Sex: _____ Position: <u>7</u>					
Address: _____ Phone: _____					
E From Unit No. _____ Name (Last, First, MI): _____ Birth Date: M _____ D _____ Y _____ Age: _____ Sex: _____ Position: <u>8</u>					
Address: _____ Phone: _____					
F From Unit No. _____ Name (Last, First, MI): _____ Birth Date: M _____ D _____ Y _____ Age: _____ Sex: _____ Position: <u>8</u>					
Address: _____ Phone: _____					
G From Unit No. _____ Name (Last, First, MI): _____ Birth Date: M _____ D _____ Y _____ Age: _____ Sex: _____ Position: <u>3</u>					
Address: _____ Phone: _____					
H From Unit No. _____ Name (Last, First, MI): _____ Birth Date: M _____ D _____ Y _____ Age: _____ Sex: _____ Position: _____					
Address: _____ Phone: _____					
I From Unit No. _____ Name (Last, First, MI): _____ Birth Date: M _____ D _____ Y _____ Age: _____ Sex: _____ Position: _____					
Address: _____ Phone: _____					
Date Report Filed: M <u>4</u> D <u>29</u> Y <u>10</u>		Desk Officer's Name & Badge #: <u>Det V Sheppard 2520</u>			

Driver - Pedestrian - Vehicle Section

Occupant Section

PEDESTRIAN

Restraints: 8 B C D E F

1 Not Used
2 None Available
3 Lap Belt Used
4 Lap/Shoulder Belt Used
5 Shoulder Belt Used
6 Child Safety Seat
7 Air Bag Used
8 Use Not Reported

EJECTION

3 B C D E F

1 Not Ejected
2 Partial
3 Total
4 Trapped Inside Vehicle

Local Report Number: 000190016994
 Describe What Happened: Unit of work going over a hill and the rider went over the handlebars resulting in unit of falling on top of the rider.

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	Special Area 1 Road Construction/Maintenance Area 2 School Zone	First Harmful Event 15 Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle One MV in Transport (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object Non-Collision 15 Fall From or in MV 16 Overtaking 17 Other Non-Collision	Location 1 Intersection 2 Intersection-Related 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non-Intersection 8 Private Property	Diagram A hand-drawn diagram showing a vehicle falling over a hill. A circle with a downward arrow is labeled 'JUMP'. A north arrow is also present.
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Type of Unit # 01 A 13 B	Pre-Crash Actions 15 A B	Contributing Factor 14 A B	
Car 1 Sub Compact 2 Compact 3 Mid-Size 4 Full Size Truck 5 Pickup 6 Panel Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 750cc 15 Motorized Bicycle	Driver Actions 1 Going Straight 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 U-Turn 6 Stopped To Turn 7 Stopped in Traffic 8 Parking/Unparking 9 Parked 10 Backing 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Driverless Vehicle 17 Other Driver Action Traffic Control A 1 B 1 No Controls 2 Stop Sign 3 Yield Sign 4 Traffic Signal 5 Traffic Flashers 6 School Zone 7 Railroad Crossbucks 8 Railroad Flashers 9 Railroad Gates 10 Construction Barricades 11 Police Officer 12 Pavement Markings 13 Other Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or AGDA 5 Ran Red Light 6 Ran Stop or Yield Sign 7 Improper Turn 8 Improper Passing 9 Improper Lane Change 10 Improper Backing 11 Improper Start from Parked Position 12 Stopped or Parked Illegally 13 Left of Center 14 Failure to Control 15 Driver Inattention 16 Drove Off Road 17 Reason Unknown 17 Other Driver Error Truck Load A B 1 Empty 2 Perishable Goods 3 General Freight 4 Metal-heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material Truck Axles A B Tractor Trailer Flips	Non-Driver Factor 18 Vehicle Defects 19 Load Shifting, Falling, Spilling 20 Pavement Defect 21 Shoulder Defect 22 Debris on Road 23 Downed Traffic Sign/Device 24 Vision Obstruction 25 Animal Actions 26 Pedestrian Actions Vehicle Defects Code if Contributing Factor is 18 Primary A B Secondary A B 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Blowout 7 Worn or Sick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects
Speed Unit Estimated Legal A 45 B Motorcycle Helmet Use Unit Driver Pass A 2 B	Motorcycle Helmet Use 1 No Helmet 2 Full Coverage 3 Full Facial Cover 4 Other Type Helmet		