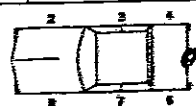
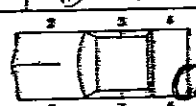
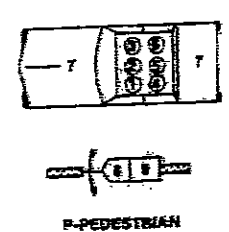


Local Traffic Crash Report

Local Report Number 18-29728

Report Taken <input checked="" type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved <u>2</u>		Combined Vehicle and Property Loss (Account for the total of all vehicles and property damaged) <input checked="" type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150			
In County Of <u>Vermont</u>		* Within corporate limits of / (if not, file with correct agency)		Date of Crash M <u>7</u> D <u>24</u> Y <u>18</u>	Day <u>TUESDAY</u>	Time <u>1500</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	
Crash Occurred On <u>PRIVATE DRIVEWAY 3475SR125</u>				Within The Intersection Of			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles _____ Feet _____ W <input type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> OF <u>AIRPORT RD</u>							
A	Unit No.	No. Of Occupants	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent <u>CANTER INS. 95 941 743-00</u>	
Driver - Pedestrian Name (Last, First, MI) <u>THACKER ROBERT S</u>		Address (No., Street, State, Zip Code) <u>473 SOUTH EAST ST BETHEL OH</u>					
Phone No.		Birth Date M <u>10</u> D <u>5</u> Y <u>53</u>	Age <u>64</u>	Sex <u>M</u>	State <u>OH</u>	Drivers License No. <u>RS380014</u>	
Occupation <u>RETIRED</u>		Owner (If Same As Driver, Write Same) <u>CORA SUE THACKER 3474 SR 125 Bethel OH</u>					
Veh. Year	Make	Model	Color	Style	State	License Plate No.	
<u>1998</u>	<u>CHEVY</u>	<u>2</u>	<u>GREY</u>	<u>CH</u>	<u>OH</u>	<u>BB66YQ</u>	
Towing Service <u>N/A</u>		Veh/Ped Dir From To		Fire			
Circle Damage Areas 		Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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		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		Insurance Co. Or Agent <u>76 ARS 077044 GREAT LAKES GENERAL AGY.</u>					
B	Unit No.	No. Of Occupants	Operating <input type="checkbox"/> Parked <input checked="" type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>			Insurance Co. Or Agent	
Driver - Pedestrian Name (Last, First, MI) <u>ESPAY JENNIFER</u>		Address (No., Street, State, Zip Code) <u>861 WEST ANSON 45245</u>					
Phone No.		Birth Date M <u>5</u> D <u>9</u> Y <u>72</u>	Age <u>46</u>	Sex <u>F</u>	State <u>OH</u>	Drivers License No. <u>TA 005676</u>	
Occupation		Owner (If Same As Driver, Write Same) <u>861 West Anson Dr Ansh 45245</u>					
Veh. Year	Make	Model	Color	Style	State	License Plate No.	
<u>2014</u>	<u>DODGE</u>	<u>VAN</u>	<u>SILVER</u>	<u>VAN</u>	<u>OH</u>	<u>5B4ZAY</u>	
Towing Service <u>N/A</u>		Veh/Ped Dir From To		Fire			
Circle Damage Areas 		Damage Severity <input type="checkbox"/> Non-Functional <input checked="" 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		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		Insurance Co. Or Agent					
Occupant Section							
G	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	
D	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	
E	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	
T	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	
G	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	
H	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	
I	From Unit No.	Name (Last, First, MI)	Address	Birth Date M D Y	Age	Sex	
Position A B C D E F							
 <p>P-PEDESTRIAN</p>							
Restraints A B C D E F							
<ul style="list-style-type: none"> 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 A B C D E F							
<ul style="list-style-type: none"> 1 Not Ejected 2 Partial 3 Total 4 Trapped inside Vehicle 							
Date Report Filed M <u>7</u> D <u>24</u> Y <u>18</u>		Desk Officer's Name & Badge # <u>Henson 11207</u>					

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: **18-29728** Describe What Happened Refer To Units By Number

Vehicle 1 began to back out of garage vehicle 2 was starting to pull out of drive onto S2 125. Vehicle 2 stopped in drive ~~to~~ ~~and~~ vehicle 1 did not see that she stopped he was looking at side mirror for vehicle 3 - (NOT involved) true accident - no retaliation vehicle 1 hit rear left bumper of vehicle 2

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other	1	First Hazardous Event 3 Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Side-swipe Meeting 5 Side-swipe Passing 6 Angle	
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other	1	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	
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other	1	Non-Collision 15 Fall From or In MV 16 Overtaking 17 Other Non-Collision	
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade	1	Location 3 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	
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway	N/A		
Special Area 1 Road Construction/Maintenance Area 2 School Zone	N/A		

Type of Unit	3	A	B	Pre-Crash Actions	10	B	Contributing Factor	1	B
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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	Bus 16 School Bus 17 Church 18 Public Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue Other 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Feeder 30 Animal W/Buggy 31 Bicycle 32 All Others P = Pedestrian	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	Pedestrian Actions 18 Crossing in X-Walk 19 Crossing Other than X-Walk (With Traffic) 20 Walking in Road (Against Traffic) 21 Walking in Road (With Traffic) 22 Playing in Traffic 23 Working on Road 24 Entering or Leaving Vehicle 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder	Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 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 Reason Unknown 17 Other Driver Error	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		
		Traffic Control A B 1 1 1 1	Fixed Object Struck A B 1 1 1 1	Truck Load A B 1 1 1 1	Truck Axles A B 1 1 1 1	Vehicle Defects Code & Contributing Factor is 18 Primary A B 1 1 1 1 Secondary A B 1 1 1 1	
		Speed Unit Estimated Legal A 2 B 0	Motorcycle Helmet Use Unit Driver Pass A B	Driver 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	Tractor Trailer Rigs 1 Empty 2 Perishable Goods 3 General Freight 4 Metal-heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material	Vehicle Defects 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Fire Blowout 7 Worn or Slick Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects