

THIS REPORT IS FOR THE USE OF THE DIVISION OF MOTOR VEHICLES. THE DATA IS COLLECTED FOR STATISTICAL ANALYSIS AND SUBSEQUENT HIGHWAY SAFETY PROGRAMMING. DETERMINATIONS OF "FAULT" ARE THE RESPONSIBILITY OF INSURERS OR OF THE STATE'S COURTS.

Do not write in these spaces

2  
No. of Units Involved Form 1 of 3 Supplemental Report Non-Reportable

3 Date 12/30/2008 County GUILFORD Time 09:54 Local Use/Patrol Area TRACT 282

33 Relation to Roadway Surface 1 Crash occurred In Greensboro Municipality or \_\_\_\_\_ Miles N S E W outside municipality

on E WENDOVER AV Ramp or Service Road (R.R. Crossing # \_\_\_\_\_) Miles \_\_\_\_\_ ft. N S E W (If available)

at or from PENRY RD toward BONITA DR Use Highway Number, Street Name or Adjacent County or State Line N S E W

UNIT # 1  VEHICLE  PEDESTRIAN  HIT & RUN  COMMERCIAL VEHICLE

Driver \_\_\_\_\_ First Middle Last Address \_\_\_\_\_

City GREENSBORO State NC Zip 27406-88

Same Address on Driver's License?  Yes  No Driver's Phone Numbers H (\_\_\_\_\_) W (\_\_\_\_\_) State NC

DOB \_\_\_\_\_ 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions NONE

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI)

UNIT # 2  VEHICLE  PEDESTRIAN  HIT & RUN  OTHER

Driver \_\_\_\_\_ First Middle Last Address \_\_\_\_\_

City WHITSETT State NC Zip 27377-92

Same Address on Driver's License?  Yes  No Driver's Phone Numbers H (\_\_\_\_\_) W (\_\_\_\_\_) State NC

DOB \_\_\_\_\_ 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions NONE

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI)

Owner \_\_\_\_\_ Same as Driver?  Address \_\_\_\_\_ Same Address as Driver?

City GREENSBORO State NC Zip 27406-8892 Plate # \_\_\_\_\_ State NC Year 2009 VIN \_\_\_\_\_

Vehicle Make FORD Year 1997 41 Vehicle Style (Type) 2 42 Vehicle Drivable  No

43 TAD FD-2 44 Estimated Damage \$2,500.00 Insurance Company STATE FARM MUTUAL AUTOMOBILE Policy # \_\_\_\_\_

Owner \_\_\_\_\_ Same as Driver?  Address \_\_\_\_\_ Same Address as Driver?

City WHITSETT State NC Zip 27377-9201 Plate # \_\_\_\_\_ State NC Year 2009 VIN \_\_\_\_\_

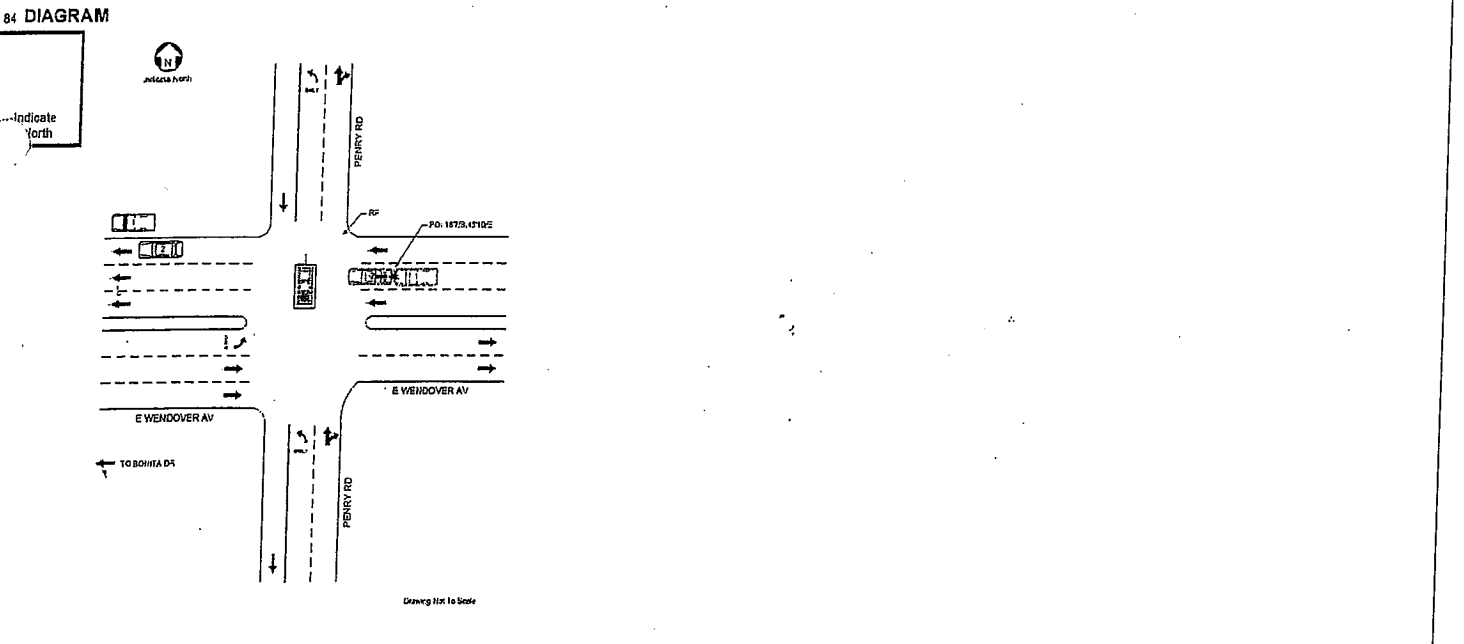
Vehicle Make NISS Year 2000 41 Vehicle Style (Type) 1 42 Vehicle Drivable  No

43 TAD BD-6 44 Estimated Damage \$7,000.00 Insurance Company ALLSTATE INSURANCE COMPANY Policy # \_\_\_\_\_

21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks. If address same as Driver

A	1	1	1		W	M	2	1	3	2	1	5	Veh# 1 Towed To/By: TOWING COMPANY RAY HARRIS
B	2	1	1		W	M	2	1	3	2	1	4	Veh# 2 Towed To/By: TOWING COMPANY RAY HARRIS
C													
D													
E													
F													
G													
H													

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit#				VEHICLE INFO.		Veh #		ROADWAY INFO.		WORK ZONE RELATED	
	1	2	3	4	5	6	1	2	7	8	9	10
	1	2	3	4	5	6	1	2	7	8	9	10
	2	14	15	16	17	18	19	20	21	22	23	24
49 Vehicle Maneuver/Action		4	11									
50 Non-Motorist Action		--	--									
51 Non-Motorist Location Prior to Impact		--	--									
52 Crash Sequence - First Event for This Unit		21	21									
53 Crash Sequence - Second Event		--	--									
54 Crash Sequence - Third Event		--	--									
55 Crash Sequence - Fourth Event		--	--									
56 Most Harmful Event for This Unit		21	21									
57 Distance/Direction to Object Struck		0	0									
58 Vehicle Underride/Override		3	3									
59 Vehicle Defects		7	7									
<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No												
60 Authorized Speed Limit: 45, 45 61 Estimate of Original Traveling Speed: 55, 0 62 Estimate of Speed at Impact: 55, 0 63 Tire Impressions Before Impact (ft.): 0.00, 0.00 64 Distance Traveled After Impact (ft.): UNK, UNK 65 Emergency Vehicle Use: --, -- 66 Post Crash Fire (If "Yes" check block): <input type="checkbox"/> , <input type="checkbox"/> 67 School Bus - Contact Vehicle: <input type="checkbox"/> , <input type="checkbox"/> 68 School Bus - Noncontact Vehicle: <input type="checkbox"/> , <input type="checkbox"/>										78 Workzone Area: 5 79 Work Activity: -- 80 Work Area Marked: -- 81 Crash Location: 4		
69 Road Feature: 7 70 Road Character: 4 71 Road Classification: 5 72 Road Surface Type: 3 73 Road Configuration: 3 74 Access Control: 3 75 Number of Lanes: 5 76 Traffic Control Type: 3 77 Traffic Control Oper: 1										<b>TRAILER INFO.</b> 82 Trailer Type: 1st Trailer No. Axles: 0, 0 Width (inches): 0.00, 0.00 Length (feet): 0.00, 0.00 2nd Trailer No. Axles: 0, 0 Width (inches): 0.00, 0.00 Length (feet): 0.00, 0.00		
83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home										Overwidth Permit # _____		



1 was:  Traveling  Parked Facing N S E W on E WENDOVER Unit# 2 was:  Traveling  Parked Facing N S E W on E WENDOVER

35 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

VEHICLE #1 WAS TRAVELING IN MIDDLE LANE WEST ON E. WENDOVER. VEHICLE #2 WAS STOPPED IN MIDDLE LANE AT INTERSECTION OF PENRY RD. FRONT OF VEHICLE # 1 CAME INTO CONTACT WITH REAR OF VEHICLE # 2. VEHICLE #1 DRIVER STATED THE LIGHT AT INTERSECTION WAS GREEN. DRIVER OF VEHICLE #2 STATED HE WAS STOPPED AT RED LIGHT AT INTERSECTION. BOTH VEHICLE MOVED AFTER CONTACT WAS MADE AND PULLED OFF TO THE SIDE, ON THE WEST SIDE OF INTERSECTION.

[12/30/2008 12:09, HARMOND, 3641]

Owner Address \_\_\_\_\_ Phone \_\_\_\_\_ State Property?  Estimated Damage \$ \_\_\_\_\_

WITNESSES

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

TRAFFIC VIOLATION(S)  
**WITH OUT DECREASE SPEED AVOID**

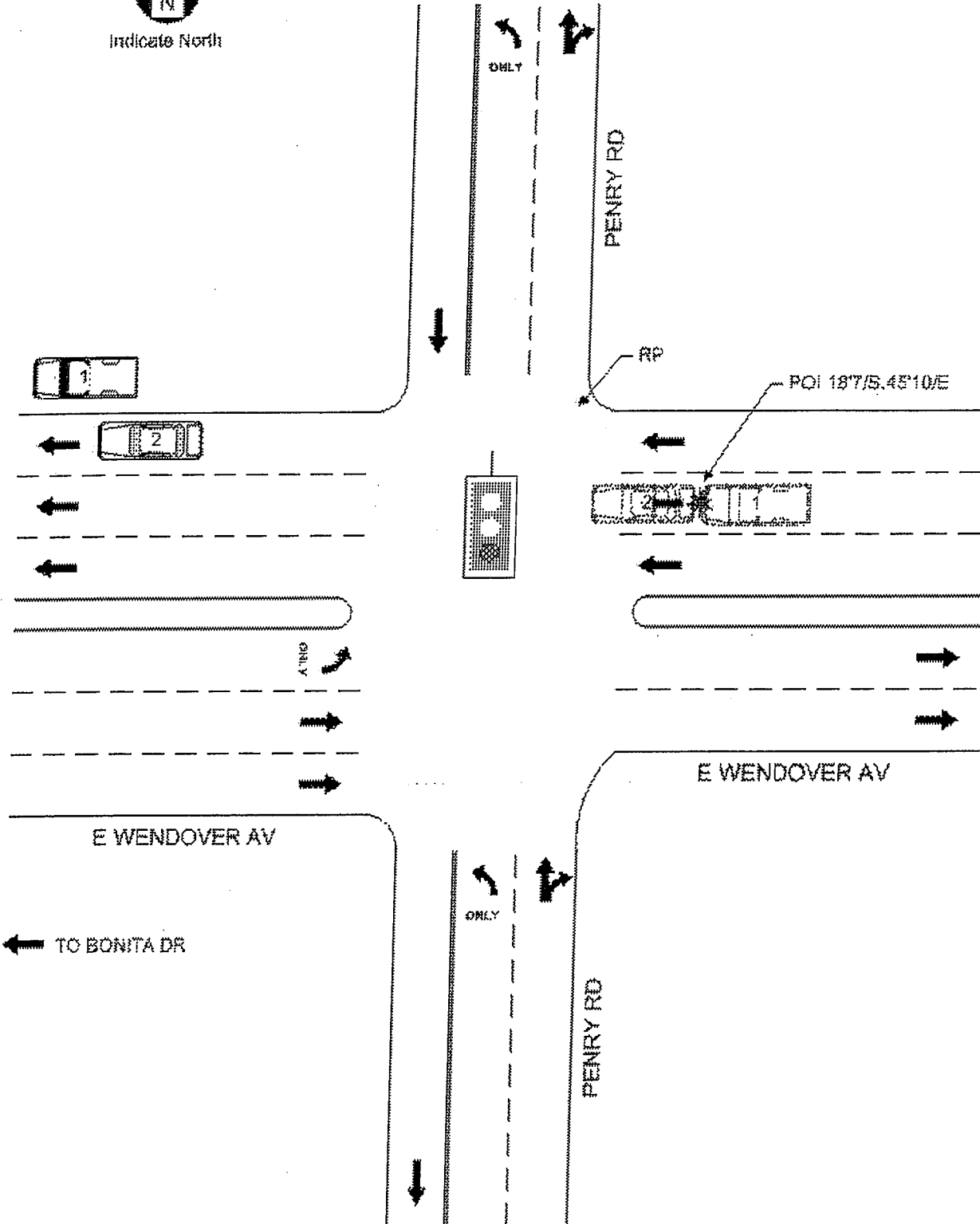
Charge(s) \_\_\_\_\_ (Citation # optional)  
 Charge(s) \_\_\_\_\_

Officer Name: HARMON D M Officer Number: D13669 Department: 0410200 Date of Report: 12/30/2008

DIAGRAM



Indicate North



Drawing Not To Scale.

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Do not write in these spaces

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No. of Units Involved Form 1 of 1 Supplemental Report Non-Reportable

Date 10/21/2007 County Alamance Time 15:13 Local Use/Patrol Area 07100027

Date Received by DMV

33 Relation to Roadway Surface 1 Crash occurred In Near Haw River Municipality on TROLLINGWOOD RD Highway Number, or Highway, Street. (If ramp or service road, indicate on line) at or from E.MAIN toward STONE ST.

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE

UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER

Driver [Redacted] Address [Redacted] City Roxboro State NC Zip 27573- D.L. # [Redacted] State NC DOB [Redacted] 34 Vision Obstruction 0 35 Physical Condition 5 36 D.L. Restrictions 0 37 Alcohol/Drugs Suspected 1 38 Alcohol/Drugs Test 1 39 Results (if known) 2 40 Vehicle Seizure (DWI) [ ]

Driver [Redacted] Address [Redacted] City Burlington State NC Zip 27216- D.L. # [Redacted] State NC DOB [Redacted] 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0 37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) [ ]

Owner [Redacted] Address [Redacted] City ROUGEMONT State NC Zip 27572- Plate # [Redacted] State NC Plate 2008 Year VIN [Redacted] Vehicle Make PETERBUI Vehicle 1994 41 Vehicle Style (Type) 14 42 Vehicle Drivable [ ] Yes No 43 TAD [Redacted] 44 Estimated Damage Insurance Company OHIO CASUALTY INS CO. Policy # [Redacted]

Owner [Redacted] Address [Redacted] City [Redacted] State [Redacted] Zip [Redacted] Plate # [Redacted] State NC Plate 2007 Year VIN [Redacted] Vehicle Make BUICK Vehicle 2000 41 Vehicle Style (Type) 1 42 Vehicle Drivable [ ] Yes No 43 TAD FL,LFQ 44 Estimated Damage \$4,000.00 Insurance Company STATE FARM Policy # [Redacted]

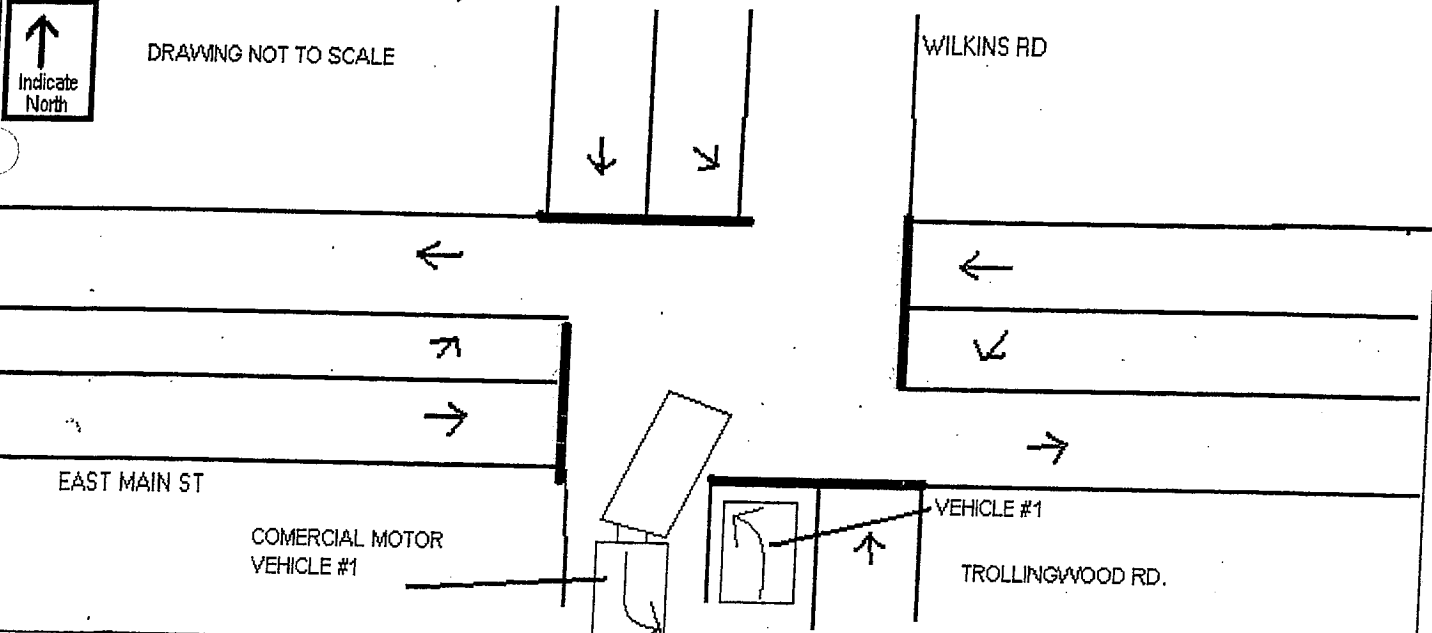
20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source 45 Cargo Body Type 3 Same Address as Owner? [ ] TRUCKING INC. ROUGEMONT, NC 27572

Carrier Identification Numbers, GVWR, Axles US DOT# ICC# Axles on Vehicle Including Trailers 5 State NC State# IFTA# FEI# Fleet# Gross Vehicle Weight Rating

Table with columns A-H and rows 1-5. Columns 1-5 are unit counts, 6-10 are driver/ped counts, 11-15 are dates, 16-20 are times, 21-25 are names and addresses for all persons.

46 Name of EMS 46 Name of EMS 47 Injured Taken by EMS to (Treatment Facility and City or Town) 47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# 1 32 Unit# 2 2,3,4,5,13			VEHICLE INFO.		Veh.# 1	Veh.# 2	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)			60 Authorized Speed Limit	35	35	69 Road Feature	7	78 Workzone Area	5	
49 Vehicle Manuver/Action			61 Estimate of Original Traveling Speed	10		70 Road Character	1	79 Work Activity	2	
50 Non-Motorist Action			62 Estimate of Speed at Impact	10	0	71 Road Classification	4	80 Work Area Marked	-	
51 Non-Motorist Location Prior to Impact			63 Tire Impressions Before Impact (ft.)		10	72 Road Surfact Type	3	81 Crash Location	-	
52 Crash Sequence - First Event for This Unit			64 Distance Traveled After Impact (ft.)			73 Road Configuration	2	TRAILER INFO.		
53 Crash Sequence - Second Event			65 Emergency Vehicle Use			74 Access Control	1	82 Trailer Type	Unit# 1	Unit# 2
54 Crash Sequence - Third Event			66 Post Crash Fire (If "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	2	1st Trailer No. Axles	9	
55 Crash Sequence - Fourth Event			67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	3	Width (Inches)	2	
56 Most Harmful Event for This Unit			68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	1	Length (feet)	53	
57 Distance/Direction to Object Struck			COMMERCIAL VEHICLE: Hazardous Materials Involvement							
58 Vehicle Underride/Override			Haz Mat Placard <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Hazardous Cargo <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Released (does not include fuel from fuel tank) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Carrying Haz Mat <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
59 Vehicle Defects			From Placard Indicate: 4-digit placard number or name from diamond or box 1-digit number from bottom of diamond							
84 DIAGRAM			83 Unit# Overwidth Trailer and Overwidth Mobile Home Overwidth Permit #							



Unit# 1 was:  Traveling  Parked Facing  N  S  E  W on TROLLINGWOOD RD. Unit# 2 was:  Traveling  Parked Facing  N  S  E  W on TROLLINGWOOD RD.

**NARRATIVE**  
 (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

DRIVER OF TRACTOR TRAILER 1 WAS MAKING A LEFT HAND TURN OFF OF E. MAIN ST. ONTO TROLLINGWOOD RD. DRIVER OF TRACTOR TRAILER DID NOT ALLOW ENOUGH ROOM, CAUSING THE REAR AXLES OF THE TRAILER TO RUN OVER THE FRONT END OF VEHICLE #1. THE DRIVER OD VEHICLE #1 WAS STOPPED, WAITING TO MAKE A LEFT HAND TURN ONTO E. MAIN ST. DRIVER OF VEHICLE#1 STATED SHE SAW THE TRAILER WAS GOING TO HIT HER BUT COULD NOT MOVE BECAUSE OF VEHICLE BEHIND HER.

86 Type/Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ ADDITIONAL PROPERTY DAMAGE \_\_\_\_\_ State Property?  Estimated Damage \_\_\_\_\_  
 Phone \_\_\_\_\_

WITNESSES  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_  
 Name \_\_\_\_\_ Address \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

TRAFFIC VIOLATION(S)  
 Name \_\_\_\_\_ Charge(s) **DWI - C8128768-6**  
 Name \_\_\_\_\_ (Citation # optional) Charge(s) \_\_\_\_\_

Officer Name **Ptl. Walter s. Adams** Officer Number **H1972** Department **NC0010500 - Haw River Police Department** Date of Report **10/24/2007**