

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

1

102820269

No. of Units Involved

Form 1 of 1

Supplemental Report

Non-Reportable

DMV Certified Copy Michael Bryant, Director Vehicle Services

Date Received by DMV

03/22/2010

1 Date 03/16/2010 County NASH Time 00:41 Local Use/Patrol Area 100316002CA/03

1 33 Relation to Roadway Surface 3 Crash occurred X In Near ROCKY MOUNT or 07.50 Miles N S E W outside municipality on I 95 Highway Number, or Highway, Street. (If ramp or service road, indicate on line) Municipality Ramp or Service Road (R.R. Crossing #) 00.78 Miles ft N S E W (If available) Use Highway Number, Street Name or Adjacent County or State Line N S E W toward RP 1745 Use Highway Number, Street Name or Adjacent County or State Line Latitude Longitude Altitude

1 UNIT # 1 X VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE UNIT # VEHICLE PEDESTRIAN HIT & RUN OTHER Driver Address City State Zip License? Yes No Driver's Phone Numbers H W D.L. # CDL License DOB 36 D.L. Restrictions 37 Alcohol/Drugs Suspected 38 Alcohol/Drugs Test 39 Results (if known) 40 Vehicle Seizure (DWI)

5 Owner Address City State Zip Plate # State Year VIN Vehicle Make Year Style (Type) 41 Vehicle Style (Type) 42 Vehicle Drivable Yes No 43 TAD 44 Estimated \$ Damage Insurance Company Policy #

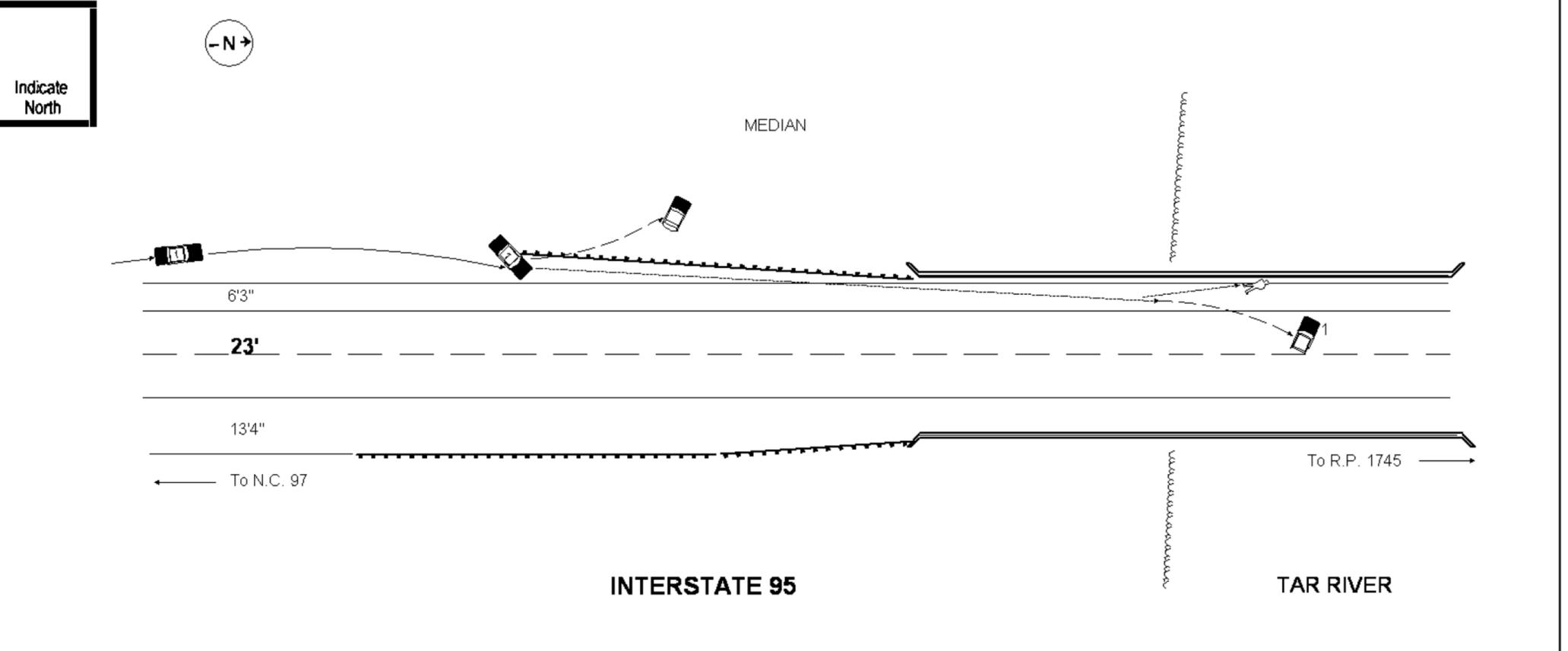
20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source 45 Cargo Body Type Same Address as Owner? Source: Truck Shipping papers Driver Carrier Identification Numbers, GVWR, Axles US DOT# ICC# Axles on Vehicle Including Trailers State State# IFTA# FEI# Fleet# Gross Vehicle Weight Rating

Table with 32 columns (21-32) and 8 rows (A-H) for listing names and addresses for all persons involved in the crash.

46 Name of EMS A-NASH COUNTY E.M.S. 46 Name of EMS UNIVERSITY MEDICAL CENTER, GREENVILLE 47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1</u> <u>6</u> Unit# _____		VEHICLE INFO.		Veh # <u>1</u>	Veh.# _____	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)		Unit# <u>1</u>	Unit# _____	60 Authorized Speed Limit	<u>70</u>	69 Road Feature	<u>2</u>	78 Workzone Area	<u>5</u>
49 Vehicle Maneuver/Action	<u>4</u>			61 Estimate of Original Traveling Speed	<u>85</u>	70 Road Character	<u>3</u>	79 Work Activity	
50 Non-Motorist Action				62 Estimate of Speed at Impact	<u>85</u>	71 Road Classification	<u>1</u>	80 Work Area Marked	
51 Non-Motorist Location Prior to impact				63 Tire Impressions Before Impact (ft.)	<u>355</u>	72 Road Surface Type	<u>2</u>	81 Crash Location	
52 Crash Sequence - First Event for This Unit	<u>2</u>			64 Distance Traveled After Impact (ft.)	<u>267</u>	73 Road Configuration	<u>4</u>	TRAILER INFO. Unit# <u>1</u> Unit# _____	
53 Crash Sequence - Second Event	<u>43</u>			65 Emergency Vehicle Use		74 Access Control	<u>1</u>	82 Trailer Type	<u>00</u>
54 Crash Sequence - Third Event	<u>13</u>			66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	75 Number of Lanes	<u>4</u>	1st Trailer No. Axles	
55 Crash Sequence - Fourth Event				67 School Bus - Contact Vehicle	<input type="checkbox"/>	76 Traffic Control Type	<u>0</u>	Width (inches)	
56 Most Harmful Event for This Unit	<u>43</u>			68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	77 Traffic Control Oper		Length (feet)	
57 Distance/Direction to Object Struck	<u>6</u>			COMMERCIAL VEHICLE: Hazardous Materials Involvement				2nd Trailer No. Axles	
58 Vehicle Underride/Override	<u>3</u>			Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No	From Placard indicate: 			Width (inches)	
59 Vehicle Defects	<u>6</u>			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		Length (feet)	
				Released (does not include fuel from fuel tank)				83 Unit# _____	Overwidth Permit # _____
				Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				Overwidth Trailer and Overwidth Mobile Home	

64 DIAGRAM



Unit# 1 was:  Traveling  Parked Facing  N  S  E  W on 95 Unit# \_\_\_\_\_ was:  Traveling  Parked Facing  N  S  E  W on \_\_\_\_\_

66 Type/Owner GUARDRAIL SECTION AND POSTS 20'- Owner Address U.S. 64 ALTERNATE, NASHVILLE, NC 27856- State Property?  Estimated Damage \$4000

WITNESSES

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

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

TRAFFIC VIOLATION(S)

Name \_\_\_\_\_ Charge(s) \_\_\_\_\_

Name \_\_\_\_\_ Charge(s) \_\_\_\_\_

Officer Name R W Lamm Officer Number 2735 Department North Carolina State Highway P Date of Report 03/16/2010