

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.

1

Do not write in these spaces

102989222

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

Date Received by DMV

10/19/2010

1 Date 10/17/2010 County GUILFORD Time 20:04 Local Use/Patrol Area 101017117DA/02

1 33 Relation to Roadway Surfaces 4 Crash occurred In PLEASANT GARDEN or 01.60 Miles N S E W outside municipality

1 UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE Driver MANUEL CASTILLO ALVAREZ Address 1309 W GREEN STREET City HIGH POINT State NC Zip 27260

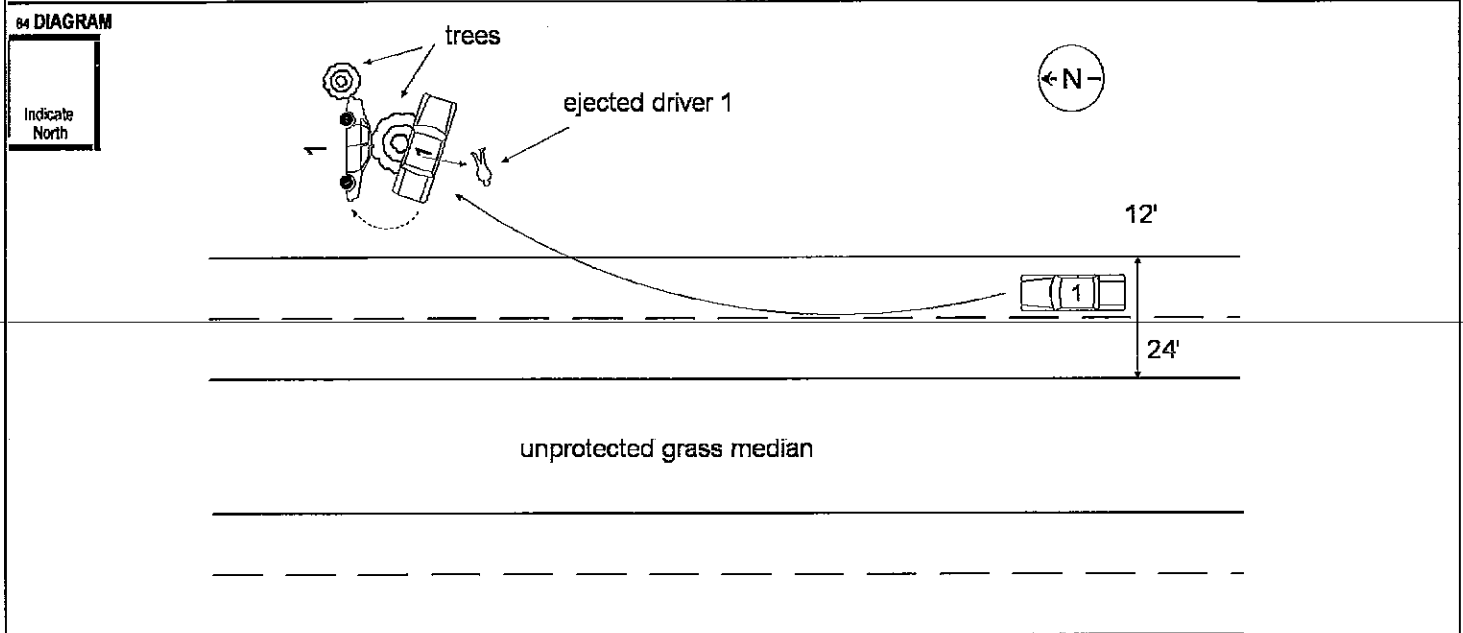
1 Owner YOLANDA SANCHEZ Address 305 W WARD STREET City HIGH POINT State NC Zip 282608033 Plate # ZVX8026 VIN WVWMA23B0YP348665

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Carrier Identification Numbers, GVWR, Axles

Table with columns A-H and rows 1-8. Includes names and addresses for all persons involved in the crash.

46 Name of EMS AC-GUILFORD COUNTY EMS 47 Injured Taken by EMS to MOSES CONE HOSPITAL, GREENSBORO

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1 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>55</u>	69 Road Feature	<u>0</u>	78 Workzone Area	<u>5</u>
49 Vehicle Maneuver/Action	<u>4</u>			61 Estimate of Original Traveling Speed	<u>80</u>	70 Road Character	<u>1</u>	79 Work Activity	
50 Non-Motorist Action				62 Estimate of Speed at Impact	<u>75</u>	71 Road Classification	<u>2</u>	80 Work Area Marked	
51 Non-Motorist Location Prior to Impact				63 Tire Impressions Before Impact (ft.)	<u>195</u>	72 Road Surface Type	<u>3</u>	81 Crash Location	
52 Crash Sequence - First Event for This Unit	<u>1</u>			64 Distance Traveled After Impact (ft.)	<u>5</u>	73 Road Configuration	<u>3</u>	TRAILER INFO. Unit# <u>1</u> Unit# _____	
53 Crash Sequence - Second Event	<u>33</u>			65 Emergency Vehicle Use		74 Access Control	<u>3</u>	82 Trailer Type	<u>00</u>
54 Crash Sequence - Third Event				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>33</u>			68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	77 Traffic Control Oper		Length (feet)	
57 Distance/Direction to Object Struck	<u>4</u>			COMMERCIAL VEHICLE: Hazardous Materials Involvement			From Placard indicate: <input type="checkbox"/>		
58 Vehicle Underide/Override				Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No	Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No		4-digit placard number or 1-digit number from name from diamond or box bottom of diamond		
59 Vehicle Defects	<u>0</u>			Released (does not include fuel from fuel tank) <input type="checkbox"/> Yes <input type="checkbox"/> No	Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No		83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home		



Unit# 1 was: Traveling Parked Facing N S E W on US 421 Unit# _____ was: Traveling Parked Facing N S E W on _____

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

VEHICLE 1 WAS TRAVELING NORTH ON US 421 AT A HIGH RATE OF SPEED. VEHICLE 1 RAN OFF THE ROAD TO THE RIGHT AND COLLIDED WITH A TREE. VEHICLE 1 WAS SPUN AROUND THE TREE UPON IMPACT AND CAME TO REST ON ITS SIDE AGAINST THE BACK SIDE OF THE TREE. DRIVER 1 WAS NOT WEARING HIS SEAT BELT AND WAS EJECTED THROUGH THE SUN ROOF OF THE CAR. DRIVER 1 CAME TO REST SOUTH OF THE VEHICLE AND AREA OF IMPACT.

86 Type/Owner _____ Owner Address _____ Owner Phone _____

ADDITIONAL PROPERTY DAMAGE _____ State Property? Estimated Damage \$ _____

WITNESSES

Name ELIA RUTH WILSON Address 205 MATT PLACE, GREENSBORO, NC 27405 Phone No. (336) 247-3755

Name _____ Address _____ Phone No. (____) _____

TRAFFIC VIOLATION(S) _____

Name _____ Charge(s) _____ (Citation # optional) _____

Name _____ Charge(s) _____

Officer Name R G Barham Jr Officer Number 2410 Department North Carolina State Highway P Date of Report 10/17/2010