

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.

2

Do not write in these spaces

102926057

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

Date **07/31/2010** County **DAVIE** Time **18:21** Local Use/Patrol Area **100731143EA/06**

Date Received by DMV **08/02/2010**

33 Relation to Roadway Surface **1** Crash occurred In **MOCKSVILLE** or **02.90** Miles outside municipality

US 601 Highway Number, or Highway, Street, (if name of service road, indicate on box) Municipal (R.R. Crossing # _____) Miles **343** D.N.S.E.W. (D.R.-Interurbans) (if available)

RP 1412 from _____ to _____ RP 1308 towards _____

Use Highway Number, Street Name or Adjacent County or State Line Use Highway Number, Street Name or Adjacent County or State Line

UNIT #1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE

UNIT #2 VEHICLE PEDESTRIAN HIT & RUN OTHER

Driver **JUSTIN MARK KEATON** Driver **ALBERT T ARNOTT**

First Last Suffix First Last Suffix

Address **290 JONES RD** Address **27 PRESTON ST**

City **MOCKSVILLE** State **NC** Zip **270288366** City **ASHLEY** State **PA** Zip **18706**

Same Address on Driver's License? Yes No Driver's Phone Numbers H (**336**) **830-7530** W (**704**) **622-6737**

Same Address on Driver's License? Yes No Driver's Phone Numbers H (_____) _____ W (_____) _____

D.L. # **000022714439** State **NC** D.L. # _____ State _____

DOB **01/23/1980** 34 Vision Obstruction **00** 35 Physical Condition **01** 36 D.L. Restrictions **0** DOB **08/06/1950** 34 Vision Obstruction **00** 35 Physical Condition **01** 36 D.L. Restrictions _____

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

Owner **TIMMIE JAY KEATON** Owner **ALBERT T ARNOTT**

Same as Driver? Same as Driver?

Address **290 JONES RD** Address **27 PRESTON ST**

City **MOCKSVILLE** State **NC** Zip **270288366** City **ASHLEY** State **PA** Zip **18706**

Plate # **YTF2743** Plate **NC** Plate **2011** Plate # _____ Plate **PA** Plate _____

State _____ State _____ Year _____ Year _____

VIN **1D3HB18P09S755937** VIN _____

Vehicle Make **DODG** Vehicle Year **2009** 41 Vehicle Style (Type) **2** 42 Vehicle Yes No Vehicle Make _____ Vehicle Year _____ 41 Vehicle Style (Type) **23** 42 Vehicle Yes No

43 TAD **FR-2,RFQ-2** 44 Estimated Damage **\$1600** 43 TAD _____ 44 Estimated Damage \$ _____

Insurance Company **NATIONWIDE** Insurance Company _____

Policy # **61C290481** Policy # _____

30 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source

46 Cargo Body Type _____ Same Address as Owner? _____

Source: Truck Shipping papers Other

Carrier Identification Numbers, GVWR, Axles

USDOT# _____ ICC# _____ Axles on Vehicle Including Trailers _____

State _____ State# _____ IFTA# _____

FEB# _____ Fico# _____ Gross Vehicle Weight Rating _____

	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	Unit 1-Driv. Ped., etc. see above	W	M	2	1	0	2	1	5	see above Veh 1 Towed To By:
B	2	1	1	Unit 2-Driv. Ped., etc. see above	W	M	0	0	0	2	2	1	see above Veh 2 Towed To By:
C	1	2	3	04/27/1991	W	F	2	1	1	2	1	5	ASHLEY M COLPETZER 294 JONES RD, MOCKSVILLE, NC 27028
D	1	2	6	07/14/2004	W	M	4	0	0	2	1	8	DAKOTA LEE KEY 290 JONES RD, MOCKSVILLE, NC 270288366
E													
F													
G													
H													

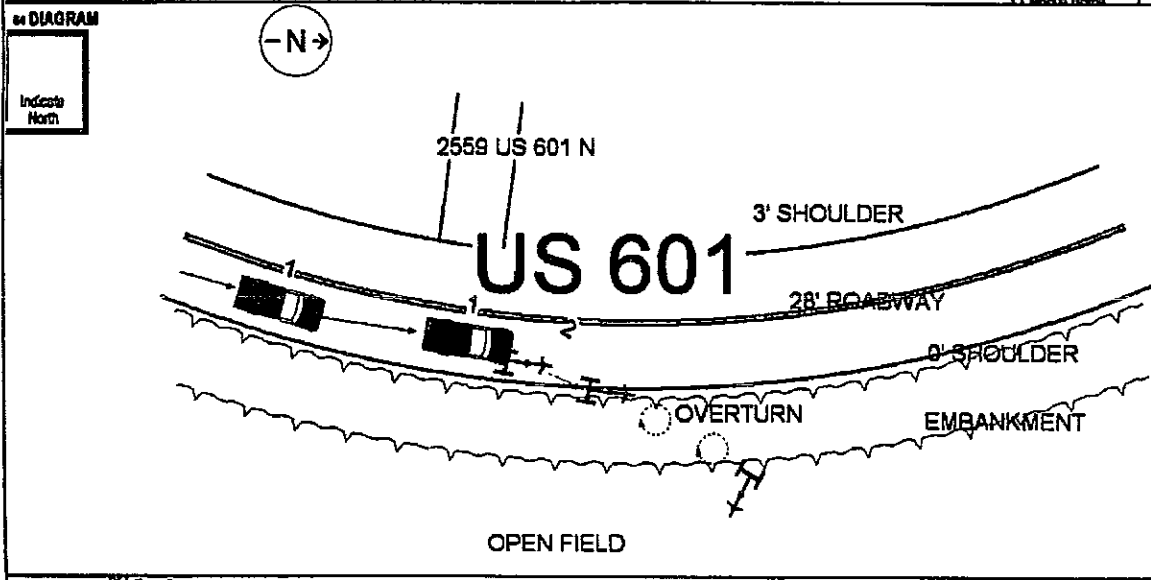
46 Name of EMS **B-DAVIE COUNTY** 46 Name of EMS _____

47 Injured Taken **DAVIE HOSPITAL, MOCKSVILLE** 47 Injured Taken _____

by EMS to _____ by EMS to _____

(Treatment Facility and City or Town) (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Units <u>1 1 21</u> Unit <u>2 29</u>		VEHICLE INFO.		Unit # <u>1</u>	Unit # <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)		Unit <u>1</u>	Unit <u>2</u>	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>50</u>	70 Road Character	<u>5</u>	79 Work Activity	
50 Non-Motorist Action				62 Estimate of Speed at Impact	<u>80</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>0</u>	72 Road Surface Type	<u>3</u>	81 Crash Location	
52 Crash Sequence - First Event for This Unit	<u>21</u>	<u>21</u>		64 Distance Traveled After Impact (ft.)		73 Road Configuration	<u>2</u>	TRAILER INFO. Unit <u>1</u> Unit <u>2</u>	
53 Crash Sequence - Second Event		<u>1</u>		65 Emergency Vehicle Use		74 Access Control	<u>1</u>	82 Trailer Type	<u>00</u> <u>00</u>
54 Crash Sequence - Third Event		<u>5</u>		66 Post Crash Pre (If "Yes" check block)	<input type="checkbox"/>	75 Number of Lanes	<u>2</u>	1st Trailer No. Axles	
55 Crash Sequence - Fourth Event		<u>59</u>		67 School Bus - Contact Vehicle	<input type="checkbox"/>	76 Traffic Control Type	<u>13</u>	Width (inches)	
56 Most Harmful Event for This Unit	<u>21</u>	<u>21</u>		68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	77 Traffic Control Oper	<u>1</u>	Length (feet)	
57 Distance/Direction to Object Struck	<u>0</u>	<u>0</u>		COMMERCIAL VEHICLE: Hazardous Materials Involvement				2nd Trailer No. Axles	
58 Vehicle Undercarriage/Overide	<u>2</u>			Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No	Front Placard indicator: <input type="checkbox"/>			Width (inches)	
59 Vehicle Defects	<u>0</u>			Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No	4-digit placard number or name from diamond of box			Length (feet)	
				Retained (same not include fuel tank fuel bed)	1-digit number from bottom of diamond			83 Unit Overwidth Trailer and Overwidth Mobile Home	
				Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				Overwidth Permit #	



Unit 1 was: Traveling Parked Facing N E S W on US 601 Unit 2 was: Traveling Parked Facing N E S W on _____

65 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form) VEHICLE #1 TRAVELING NORTH ON US 601. VEHICLE #2 (BICYCLE) TRAVELING NORTH ON US 601. THE DRIVER OF VEHICLE #1 FAILED TO REDUCE SPEED AND COLLIDED WITH VEHICLE #2. VEHICLE #1 WAS MOVED. VEHICLE #2 RAN OFF THE ROADWAY TO THE RIGHT, OVERTURNED, AND TRAVELED DOWN AN EMBANKMENT BEFORE COMING TO FINAL REST FACING EAST WITHIN AN OPEN FIELD.

NOTE: THE BICYCLE WAS MANUFACTURED BY SUN, SERIAL #JB11084069

66 Type/Owner _____ Owner Address _____ Phone _____ State Property? Estimated Damage \$ _____

WITNESSES

Name _____ Address _____ Phone No. (_____) _____

Name _____ Address _____ Phone No. (_____) _____

Name JUSTIN MARK KEATON Charge(s) PENDING

(Location if optional) _____

Officer Name C D Hall Officer Number 1637 Department North Carolina State Highway P Date of Report 07/31/2010