

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

103031923

Date Received by DMV

12/06/2010

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

Date 12/04/2010

County GUILFORD

Time 15:25 (24 Hour Clock)

Local Use/Patrol Area 101204144DA/3

33 Relation to Roadway Surface 2 Crash occurred in JAMESTOWN Municipality or 00.13 Miles N S E W outside municipality
 on RP 1545 (R.R. Crossing # 01.04 Miles (0 R. Intersection) ft. N S E W (if available)
 Highway Number, or Highway, Street, (if ramp or service road, indicate on line) Ramp or Service Road
 ## from RP 1657 toward RP 4178 Use Highway Number, Street Name or Adjacent County or State Line N S E W Use Highway Number, Street Name or Adjacent County or State Line
 Latitude Longitude Altitude

UNIT #1 [X] VEHICLE [] PEDESTRIAN [] HIT & RUN [] COMMERCIAL 20 VEHICLE

Driver JOSEPH PARKER BEESON First Middle Last Suffix

Address 173 MALPASS DR

City THOMASVILLE State NC Zip 273600615

Same Address on Driver's License? [] Yes [] No Driver's Phone Numbers H (336) 472-1201 W (000) 000-0000

D.L. # 000008645427 D.L. Class A State NC CDL License [X]

DOB 02/26/1975 34 Vision Obstruction 13 35 Physical Condition 10 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 7 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) []

Owner JOSEPH PARKER BEESON Same as Driver? [X]

Address 173 MALPASS DR Same Address as Driver? [X]

City THOMASVILLE State NC Zip 273600615

Plate # WZZ4783 Plate NC State Year 2011

VIN JM2UF3118G0583416

Vehicle MAZD Vehicle 1986 41 Vehicle 2 Style (Type) 42 Vehicle [] Yes [X] No Drivable

43 TAD RP-7 44 Estimated Damage \$5000

Insurance COMPANY NATIONWIDE INS. Policy # 61S508266

UNIT #2 [X] VEHICLE [] PEDESTRIAN [] HIT & RUN [] OTHER

Driver ROBERT ORMAN First Middle Last Suffix

Address 5219 FOX HUNT DR, APT B

City GREENSBORO State NC Zip 274077107

Same Address on Driver's License? [X] Yes [] No Driver's Phone Numbers H (336) 847-8877 W (336) 841-6553

D.L. # 000026757551 D.L. Class C State NC CDL License []

DOB 09/28/1960 34 Vision Obstruction 00 35 Physical Condition 01 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 ROBERT ORMAN Same as Driver? [X]

Address 5219 FOX HUNT DR, APT B Same Address as Driver? [X]

City GREENSBORO State NC Zip 274077107

Plate # RSB2366 Plate NC State Year 2011

VIN 4TAPM62N6WZ122022

Vehicle TOYT Vehicle 1998 41 Vehicle 2 Style (Type) 42 Vehicle [] Yes [X] No Drivable

43 TAD FD-5 44 Estimated Damage \$8500

Insurance COMPANY NATIONWIDE INS. Policy # 61M277375

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

Unit 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#

FE# Fleet# Gross Vehicle Weight Rating

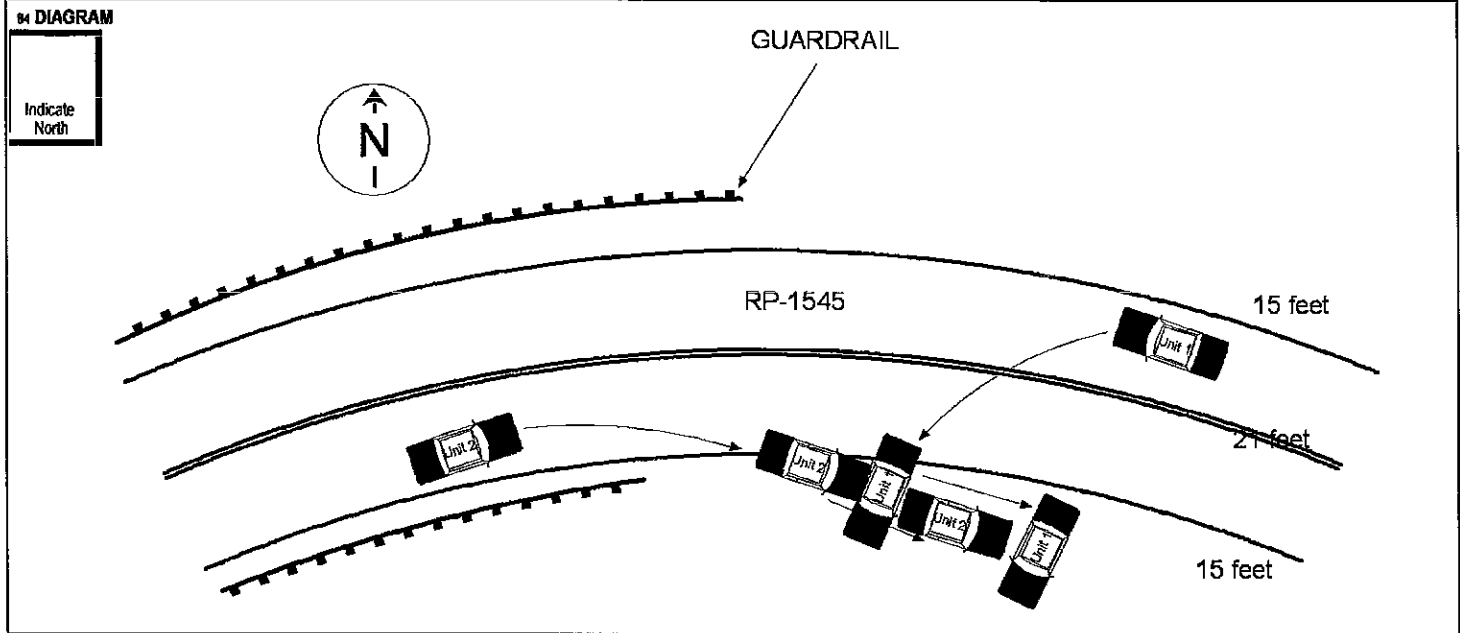
21 22 23 24 25 26 27 28 29 30 31 32 Names and Addresses for All Persons (Unit 1/Unit 2 Div, Ped, etc. - See Above); Use check blocks if address same as Driver

A	1	1	1	Unit 1-Div1, Ped1, etc. see above	W	M	10	0	0	1	1	1	see above	Veh 1 Towed To/By: HIGH POINT TOWING/HIGH POINT TOWING
B	2	1	1	Unit 2-Div2, Ped2, etc. see above	W	M	2	2	0	2	1	4	see above	Veh 2 Towed To/By: GUIL-RAND TOWING/GUIL-RAND TOWING
C	1	2	3	07/09/1972	W	F	10	0	0	1	1	1		KIMBERLY DAWN STANFORD 4715 PARKWAY DR., TRINITY, NC 27370
D	1	2	6	06/17/2004	W	F	10	0	0	1	1	2		LEANNA DAWN STANFORD 4715 PARKWAY DR, TRINITY, NC 27370
E														
F														
G														
H														

46 Name of EMS AC-GUILFORD MEDICAL EXAMINER B-GUILFORD EMS 46 Name of EMS D- GUILFORD EMS

47 Injured Taken by EMS to MOSES CONE, GREENSBORO MOSES CONE E.R., GREENSBORO (Treatment Facility and City or Town) 47 Injured Taken by EMS to MOSES CONE E.R., GREENSBORO (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# 1 19 Unit# 2 1 2 3			VEHICLE INFO.		Veh.# 1	Veh.# 2	ROADWAY INFO.		WORK ZONE RELATED		
CRASH SEQUENCE (Unit Level)			Unit# 1	Unit# 2	60 Authorized Speed Limit	40	40	69 Road Feature	0	78 Workzone Area	5
49 Vehicle Maneuver/Action	4	4	61 Estimate of Original Traveling Speed	40	35	70 Road Character	7	79 Work Activity		80 Work Area Marked	
50 Non-Motorist Action			62 Estimate of Speed at Impact	40	30	71 Road Classification	4	81 Crash Location			
51 Non-Motorist Location Prior to Impact			63 Tire Impressions Before Impact (ft.)	0	26	72 Road Surface Type	3	TRAILER INFO. Unit# 1 Unit# 2			
52 Crash Sequence - First Event for This Unit	6	1	64 Distance Traveled After Impact (ft.)	15	6	73 Road Configuration	2	82 Trailer Type	00	00	
53 Crash Sequence - Second Event	2	32	65 Emergency Vehicle Usa			74 Access Control	1	1st Trailer No. Axles			
54 Crash Sequence - Third Event	32		66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	2	Width (inches)			
55 Crash Sequence - Fourth Event			67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	13	Length (feet)			
56 Most Harmful Event for This Unit	32	32	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	1	2nd Trailer No. Axles			
57 Distance/Direction to Object Struck	0	0	COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit <input type="checkbox"/>				From Placard indicate:		83 Unit# Overwidth Trailer and Overwidth Mobile Home		
58 Vehicle Underride/Override	3	3	Has 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 name from diamond or box		1-digit number from bottom of diamond		
59 Vehicle Defects	0	0	Released (does not include fuel from fuel tank)		Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No				Overwidth Permit #		



Unit# 1 was: Traveling Parked Facing N S E W on RP 1545
 Unit# 2 was: Traveling Parked Facing N S E W on RP 1545

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form) **VEHICLE ONE WAS TRAVELING WEST ON RP-1545. VEHICLE TWO WAS TRAVELING EAST ON RP-1545. VEHICLE ONE WENT OUT OF CONTROL TRAVELING ACROSS THE CENTER INTO THE PATH OF VEHICLE TWO. VEHICLE TWO TRAVELED TO THE RIGHT SHOULDER OF RP-1545 TO AVOID VEHICLE ONE. VEHICLES ONE AND TWO COLLIDED ON THE SHOULDER OF RP-1545 WHERE THEY BOTH CAME TO REST AFTER IMPACT.**

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

WITNESSES
 Name SHANIKA W. BOSTIC Address 1064 BRIGDEND DR., HIGH POINT, NC 27260 Phone No. (336) 991-3555
 Name MICHAEL H. TEER Address 100 KINGS DALE COURT, JAMESTOWN, NC 27282 Phone No. (336) 707-1218

TRAFFIC VIOLATION(S)
 Name _____ Charge(s) _____
 Name _____ Charge(s) _____

Officer Name R G Key Officer Number 1762 Department North Carolina State Highway P Date of Report 12/04/2010