

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  
102992780

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

Date **10/22/2010** County **CUMBERLAND** Time **16:02** Local Use/Patrol Area **2010-036558/18** Date Received by DMV **10/22/2010**

33 Relation to Roadway Surface **1** Crash occurred  In **FAYETTEVILLE** or \_\_\_\_\_ Miles **300** N S E W outside municipality

on **SHAW ROAD** Municipality \_\_\_\_\_ (R.R. Crossing # \_\_\_\_\_) \_\_\_\_\_ Miles \_\_\_\_\_ ft. N S E W

Highway Number, or Highway, Street, (If ramp or service road, indicates on line) Ramp or Service Road (If R-Intersection) (If available)

# from **FUGI DRIVE**    toward **ALCO CIRCLE** Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

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 Altitude \_\_\_\_\_

UNIT # **1**  VEHICLE  PEDESTRIAN  HIT & RUN  COMMERCIAL  VEHICLE

Driver **LAYTORA SHEREE BLOCKER** Driver **JOE UNKNOWN**

Address **1435 ARTESIAN CT, APT B** Address **000 UNKNOWN**

City **FAYETTEVILLE** State **NC** Zip **283043135** City **FAYETTEVILLE** State **NC** Zip **28301**

Same Address on Driver's License?  Yes  No Driver's Phone Numbers H (**910**) **426-1492** W ( \_\_\_\_\_ )

D.L. # **000027548071** State **NC** D.L. # \_\_\_\_\_ State \_\_\_\_\_

DOB **07/07/1981** 34 Vision Obstruction **00** 35 Physical Condition **01** 36 D.L. Restrictions **0** DOB **01/01/2000** 34 Vision Obstruction **00** 35 Physical Condition **10** 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 **7** 38 Alcohol/Drugs Test **5** 39 Results (if known) **6** 40 Vehicle Seizure (DWI)

Owner **CUMBERLAND COUNTY SCHOOLS** Owner **LASHAWNDR A GWENNETTE QUICK**

Address **EAST MOUNTAIN DRIVE** Address **5534 KENTUCKY LN**

City **FAYETTEVILLE** State **NC** Zip **283020000** City **HOPE MILLS** State **NC** Zip **283489366**

Plate # **23703S** Plate **NC** Plate **2099** Plate # **XNW3289** Plate **NC** Plate **2009**

VIN **4UZAAXAK31CH98809** VIN **JA3AJ26E83U000923**

Vehicle Make **FRHT** Vehicle Year **2001** 41 Vehicle Style (Type) **7** 42 Vehicle Drivable  Yes  No Vehicle Make **MITS** Vehicle Year **2003** 41 Vehicle Style (Type) **1** 42 Vehicle Drivable  Yes  No

43 TAD **FL-2,FC-2** 44 Estimated Damage **\$4000** 43 TAD **FD-3,RD-4,TOP-4** 44 Estimated Damage **\$9000**

Insurance Company **SELF** Insurance Company **USAA**

Policy # **SELF** Policy # **02052137407104**

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# \_\_\_\_\_

FEL# \_\_\_\_\_ Flag# \_\_\_\_\_ Gross Vehicle Weight Rating \_\_\_\_\_

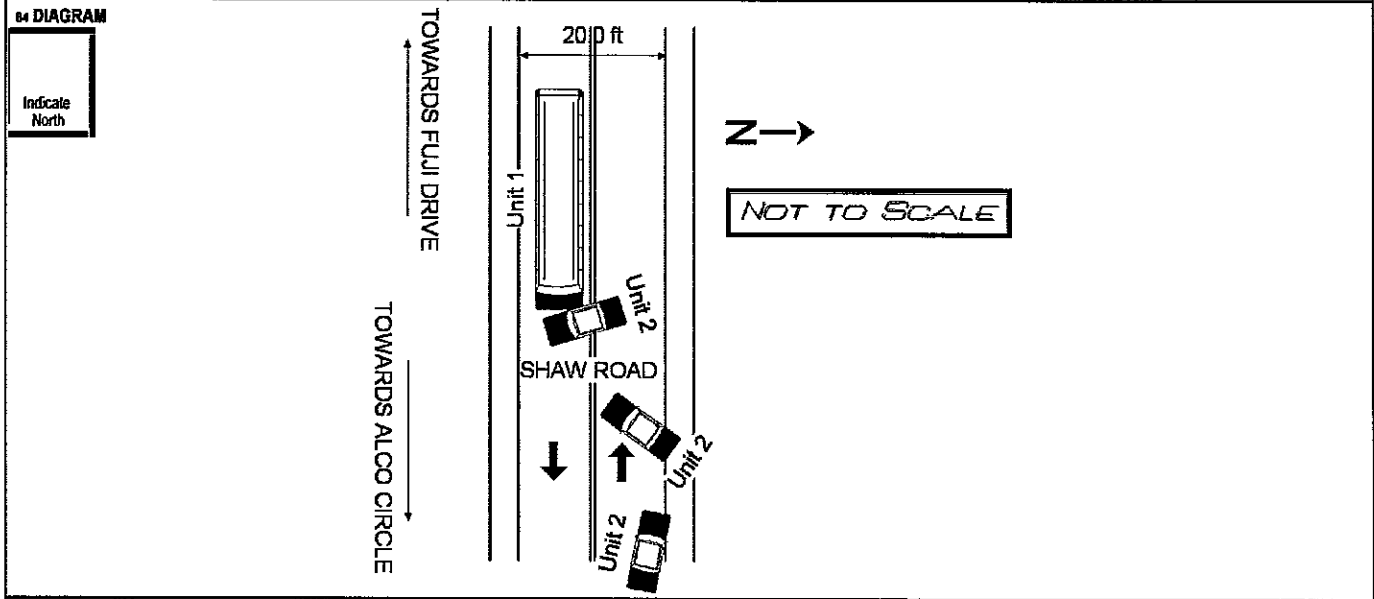
		21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver	
A	1	1	1		Unit1-Drv1, Ped1, etc. see above	B	F	2	0	0	2	1	4	000 above	Vehicle 1 Towed To/By:
B	2	1	1		Unit2-Drv2, Ped2, etc. see above	B	M	0	2				3	see above	Vehicle 2 Towed To/By: LEROY'S/LEROY'S
C	1	2	11		06/10/1993	W	M	0	0	0	2	1	4		PRESCOTT STEVEN 338 LIONSHEAD RD, FAYETTEVILLE, NC 28311
D	1	2	11		10/10/1980	B	F	0	0	0	2	1	4		JULIA WHITE 4609 ELCONE DR, FAYETTEVILLE, NC 28306
E															
F															
G															
H															

46 Name of EMS **ACD-MED 744** 46 Name of EMS **B-MED 722**

47 Injured Taken by EMS to **CAPE FEAR MEDICAL CENTER, FAYETTEVILLE** 47 Injured Taken by EMS to **LIFE FLIGHT (CAPE FEAR MEDICAL CENTER), FAYETTEVILLE**

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

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# <u>1 2 3</u> Unit# <u>2 1 18 19 20 21</u>			VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED		
CRASH SEQUENCE (Unit Level)			Unit# <u>1</u>	Unit# <u>2</u>	Veh # <u>1</u>	Veh # <u>2</u>	69 Road Feature	78 Workzone Area	
49 Vehicle Maneuver/Action		<u>4</u>	<u>4</u>	60 Authorized Speed Limit	<u>45</u>	<u>35</u>	<u>0</u>	<u>5</u>	
50 Non-Motorist Action				61 Estimate of Original Traveling Speed	<u>45</u>	<u>60</u>	70 Road Character	79 Work Activity	
51 Non-Motorist Location Prior to Impact				62 Estimate of Speed at Impact	<u>35</u>	<u>60</u>	71 Road Classification	80 Work Area Marked	
52 Crash Sequence - First Event for This Unit		<u>1</u>	<u>1</u>	63 Tire Impressions Before Impact (ft.)	<u>0</u>	<u>30</u>	72 Road Surface Type	81 Crash Location	
53 Crash Sequence - Second Event			<u>30</u>	64 Distance Traveled After Impact (ft.)	<u>30</u>	<u>20</u>	73 Road Configuration		
54 Crash Sequence - Third Event				65 Emergency Vehicle Use			74 Access Control		
55 Crash Sequence - Fourth Event				66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes		
56 Most Harmful Event for This Unit		<u>30</u>	<u>30</u>	67 School Bus - Contact Vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type		
57 Distance/Direction to Object Struck		<u>0</u>	<u>1</u>	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper		
58 Vehicle Underride/Override		<u>3</u>	<u>3</u>	COMMERCIAL VEHICLE: Hazardous Materials Involvement					TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>
59 Vehicle Defects		<u>7</u>	<u>7</u>	Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard indicate: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 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					82 Trailer Type <u>00</u> <u>00</u>
								83 1st Trailer No. Axles	
								Width (inches)	
								Length (feet)	
								2nd Trailer No. Axles	
								Width (inches)	
								Length (feet)	
								83 Unit# <u>    </u> Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit # <u>    </u>



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

65 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on this form) DRIVER 1 STATES THAT SHE WAS DRIVING EAST ON SHAW ROAD WHEN SHE OBSERVED VEHICLE 2 CROSSING THE CENTER LANE AND COMING IN HER DIRECTION. SHE STATES THAT SHE APPLIED HER BRAKES BUT WAS UNABLE TO STOP PRIOR TO STRIKING VEHICLE 2. WITNESS STATES THAT THE OBSERVED VEHICLE 2 TRAVELING AT A HIGH RATE OF SPEED HEADED WEST ON SHAW. THEY OBSERVED VEHICLE 2 RUN OFF THE ROADWAY TO THE RIGHT AND THEN COME BACK ONTO THE ROAD CROSSING THE CENTER LINE IN FRONT OF A SCHOOL BUS. WITNESS STATES THAT THEY OBSERVED VEHICLE 2 STRIKE THE SCHOOL BUS AS IT WAS SIDING SIDWAYS. WITNESS ALSO STATES THAT VEHICLE 2 WAS SPEEDING UP AND DOWN APPEARED TO BE RACING A VAN PRIOR TO THE CURVE.

68 Type/ Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ Phone \_\_\_\_\_ State \_\_\_\_\_ Property?  Estimated Damage \$ \_\_\_\_\_

Name CASSANDRA SPANN Address 4553 RUBY ROAD, FAYETTEVILLE, NC 28311 Phone No. (910) 286-8747

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

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

Officer Name LARRY DEAL Officer Number 141 Department Fayetteville Police Department Date of Report 10/22/2010