

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

103118123

Date Received by DMV 03/23/2011

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

Date 03/21/2011 County DAVIDSON Time 21:48 Local Use/Patrol Area 110321169EA/A4

33 Relation to Roadway Surface 2 Crash occurred in Near LEXINGTON or 05.60 Miles outside municipality on RP 2229 Municipality (R.R. Crossing # 00.20 Miles ft. N S E W Highway Number, or Highway, Street, (If ramp or service road, indicate on line) Ramp or Service Road (0 ft. Intersection) (If available) # from RP 2226 toward RP 2205 Use Highway Number, Street Name or Adjacent County or State Line N S E W toward RP 2205 Use Highway Number, Street Name or Adjacent County or State Line Latitude Longitude Altitude

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE Driver CHELSEA NICOLE LAMB Address 507 HASTY SCHOOL RD City THOMASVILLE State NC Zip 273608616 Same Address on Driver's License? Yes No Driver's Phone H (336) 889-6327 W (336) 848-1240 D.L. # 000031050491 D.L. Class C State NC DOB 08/31/1993 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 17 37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) No

UNIT # VEHICLE PEDESTRIAN HIT & RUN OTHER Driver Address City State Zip Same Address on Driver's License? Yes No Driver's Phone H () W () D.L. # D.L. Class State DOB Vision Obstruction Physical Condition D.L. Restrictions Alcohol/Drugs Suspected Alcohol/Drugs Test Results (if known) Vehicle Seizure (DWI)

Owner LISA LEAHY BEVERLY Same as Driver? Address 507 HASTY SCHOOL RD Same Address as Driver? City THOMASVILLE State NC Zip 273608616 Plate # ZXY6305 Plate NC Plate 2011 VIN 1J4GZ58S6VC701715 Vehicle JEEP Year 1997 41 Vehicle Style (Type) 4 42 Vehicle Driveable Yes No 43 TAD R&T-7 44 Estimated Damage \$4500 Insurance STATE FARM Company Policy # 730083F1333

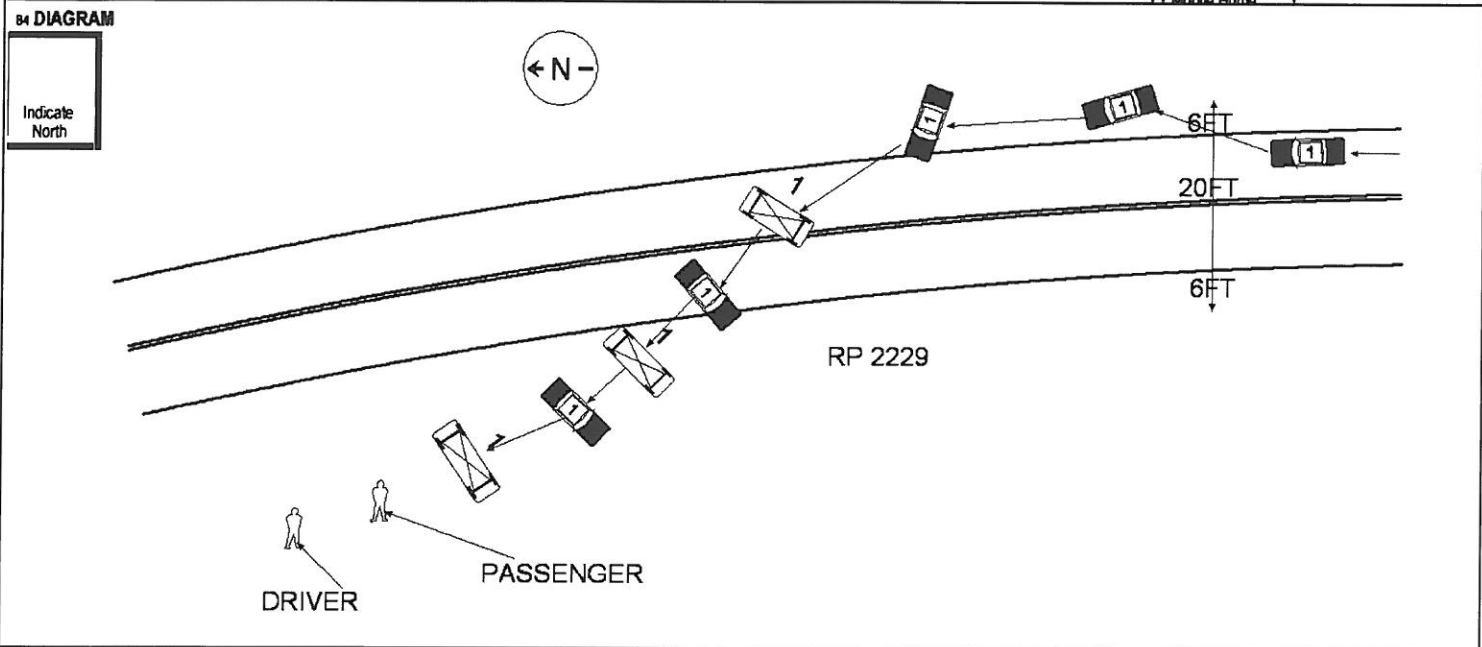
Owner Same as Driver? Address Same Address as Driver? City State Zip Plate # Plate State Plate Year VIN Vehicle Year Vehicle Style (Type) Vehicle Driveable Yes No 43 TAD Estimated Damage Insurance Company Policy #

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# Flea# Gross Vehicle Weight Rating

Table with columns 21-32 and rows A-H. Row A: 1, 1, 1, Unit 1-Drv 1, Ped 1, etc. see above, W, F, 0, 1, 0, 2, 2, 1, see above, Veh# 1 Towed To/By: MARTIN'S TOWING/MARTIN'S TOWING. Row C: 1, 2, 3, 04/16/1994, W, F, 0, 1, 0, 2, 2, 2, see above, Veh# Towed To/By: APRIL BROOKE ENGLISH 5235 E OLD HWY 64, LEXINGTON, NC 27292.

46 Name of EMS AC-DAVIDSON COUNTY EMS 46 Name of EMS BAPTIST HOSPITAL WINSTON SALEM 47 Injured Taken by EMS to (Treatment Facility and City or Town) 47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (While in Codes) Unit# <u>1</u> <u>25</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>70</u>	70 Road Character	<u>5</u>	79 Work Activity			
50 Non-Motorist Action		62 Estimate of Speed at Impact	<u>55</u>	71 Road Classification	<u>4</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>75</u>	73 Road Configuration	<u>2</u>	TRAILER INFO. Unit# <u>1</u> Unit# _____			
53 Crash Sequence - Second Event	<u>5</u>	65 Emergency Vehicle Use		74 Access Control	<u>1</u>	82 Trailer Type	<u>00</u>		
54 Crash Sequence - Third Event	<u>6</u>	66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	75 Number of Lanes	<u>2</u>	1st Trailer No. Axles			
55 Crash Sequence - Fourth Event	<u>2</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>5</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>	COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit _____ <input type="checkbox"/> From Placard indicate: <input type="checkbox"/>							
58 Vehicle Underride/Override	<u>3</u>	Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No							
59 Vehicle Defects	<u>0</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							
		Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No							
						83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home	Overwidth Permit # _____		



Unit# 1 was: Traveling Parked Facing N S E W on RP 2229 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 RP 2229. VEHICLE# 1 THEN WENT OFF THE ROAD TO THE RIGHT. VEHICLE# 1 CAME BACK ON THE ROADWAY LOST CONTROL AND OVERTURNED SEVERAL TIMES. VEHICLE# 1 THEN WENT OFF THE ROADWAY TO THE LEFT AND CAME TO REST IN A FIELD ON THE LEFT SIDE OF THE ROADWAY. BOTH THE DRIVER AND PASSENGER WERE EJECTED SOMETIME WHILE THE VEHICLE WAS OVERTURNING.

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

WITNESSES

Name _____ Address _____ Phone No. (_____) _____

Name _____ Address _____ Phone No. (_____) _____

TRAFFIC VIOLATION(S)

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

Name _____ Charge(s) _____

Officer Name T S Buie Officer Number 2300 Department North Carolina State Highway P Date of Report 03/22/2011