

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.

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Do not write in these spaces

103148432

Date Received by DMV 05/04/2011

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

1 Date 04/30/2011 County ALAMANCE Time 18:14 Local Use/Patrol Area 110430100DA/4

2 1 Location 33 Relation to Roadway Surface 1 Crash occurred In Near OSSIPEE Municipality or 5.00 Miles N S E W

3 1 UNIT #1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE Driver CHARLES E CLEMMONS Address BURLINGTON State NC Zip 27217

4 1 UNIT #2 VEHICLE PEDESTRIAN HIT & RUN OTHER ALL TERRIA Driver FREDERICK CRAVEN WALLACE Address ELON State NC Zip 27244

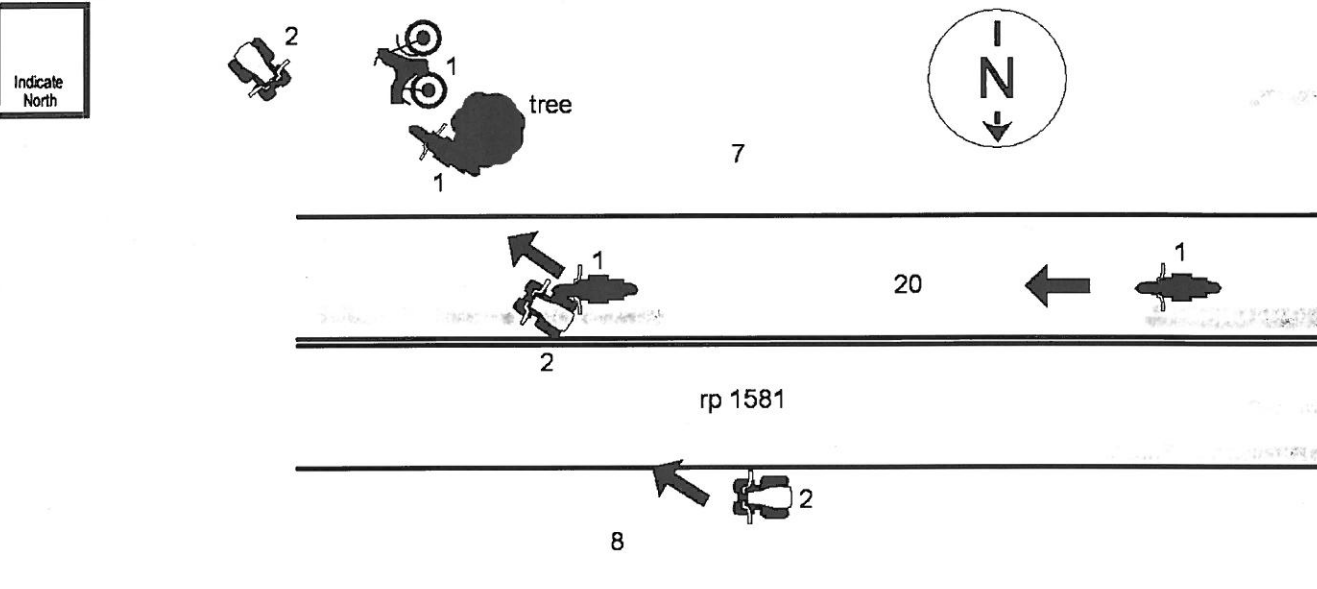
5 1 20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source Source: Carrier Identification Numbers, GVWR, Axles

Table with 32 columns (21-32) and 8 rows (A-H) for names and addresses of all persons involved.

46 Name of EMS A-ALAMANCE COUNTY EMS, CAROLINA AIR CARE B-ALAMANCE COUNTY EMS DUKE LIFE FLIGHT
47 Injured Taken by EMS to UNC HOSPITAL, CHAPEL HILL DUKE MEDICAL CENTER, DURHAM

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit# <u>1</u> <u>28</u>	VEHICLE INFO.		Veh.# <u>1</u>	Veh.# <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED	
	Unit# <u>2</u> <u>30</u>	80 Authorized Speed Limit	55			89 Road Feature	0	78 Workzone Area	5
CRASH SEQUENCE (Unit Level)	Unit# <u>1</u>	Unit# <u>2</u>	61 Estimate of Original Traveling Speed	55		70 Road Character	1	79 Work Activity	
49 Vehicle Maneuver/Action	4		62 Estimate of Speed at Impact	45		71 Road Classification	4	80 Work Area Marked	
50 Non-Motorist Action			63 Tire Impressions Before Impact (ft.)	0		72 Road Surface Type	3	81 Crash Location	
51 Non-Motorist Location Prior to Impact			64 Distance Traveled After Impact (ft.)	100		73 Road Configuration	2	TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>	
52 Crash Sequence - First Event for This Unit	28	28	65 Emergency Vehicle Use			74 Access Control	1	82 Trailer Type	00 00
53 Crash Sequence - Second Event	1	1	66 Post Crash Pre (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	2	1st Trailer No. Axles	
54 Crash Sequence - Third Event	33		67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	13	Width (inches)	
55 Crash Sequence - Fourth Event			68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	1	Length (feet)	
56 Most Harmful Event for This Unit	33	28	COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit <input type="checkbox"/>						
57 Distance/Direction to Object Struck	4	0	Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No		From Placard indicate:				
58 Vehicle Underride/Override	3		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		Released (does not include fuel tank fuel tank) <input type="checkbox"/> Yes <input type="checkbox"/> No						
			Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No						

64 DIAGRAM



Unit# 1 was: Traveling Parked Facing N S E W on RP 1581 Unit# 2 was: Traveling Parked Facing N S E W on _____

65 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on this form) UNIT 01 WAS TRAVELING EAST ON RP 1581. UNIT 02 WAS TRAVELING EAST ON RP 1581. UNIT 02 WAS LEAVING FROM A STOPPED POSITION ATTEMPTING TO CROSS RP 1581 AND FAILED TO YIELD TO UNIT 01, PULLING IN FRONT OF IT CAUSING THE TWO TO COLLIDE. ONCE COLLIDING UNIT 01 STRUCK THE RIGHT SHOULDER AND THEN A TREE BEFORE COMING TO REST. UNIT 02 CAME TO REST ON THE RIGHT SHOULDER OF THE HIGHWAY.

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

WITNESSES Name _____ Address _____ Phone No. (_____) _____ Name _____ Address _____ Phone No. (_____) _____

TRAFFIC VIOLATION(S) Name FREDERICK CRAVEN WALLACE Charge(s) PENDING (Citation # optional) Name _____ Charge(s) _____

Officer Name T R Day Officer Number 1625 Department North Carolina State Highway P Date of Report 05/04/2011