

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.

Do not write in these spaces

2

No. of Units Involved Form 1 of 3 Supplemental Report Non-Reportable **20101206044**

Date Received by DMV

3 Date **12/06/2010** County **GUILFORD** Time **06:46** Local Use/Patrol Area **TRACT 111**

2 33 Relation to Roadway Surface 1 Crash In Near **GREENSBORO** Municipality or _____ Miles _____ N S E W outside municipality

on **W FLORIDA ST** (Highway Number, or Highway, Street, (if ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing # _____) Miles 0 ft. N S E W (0 ft.-intersection) (if available)

3 1 at **HUDGINS DR** toward **FREEMANMILL RD**

4 1 UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER

Driver **UNKNOWN** Driver **DAVID ANDREW BARNETT**

Address **UNKNOWN** Address **1510 HUDGINS DR C**

City _____ State _____ Zip _____ City **GREENSBORO** State **NC** Zip **27406**

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

D.L. # _____ State _____ D.L. # _____ State _____

DOB _____ 34 Vision Obstruction 13 35 Physical Condition 10 36 D.L. Restrictions **UNKN** DOB _____ 34 Vision Obstruction 0 35 Physical Condition 10 36 D.L. Restrictions _____

37 Alcohol/Drugs Suspected 7 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 _____ Same Address as Driver? Owner _____ Same Address as Driver?

Address _____ Same Address as Driver? Address _____ Same Address as Driver?

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Plate # _____ Plate State _____ Plate Year _____ Plate # _____ Plate State **NC** Plate Year _____

VIN _____ VIN _____

Vehicle Make _____ Year _____ 41 Vehicle Style (Type) 1 42 Vehicle Drivable Yes No Vehicle Make _____ Year _____ 41 Vehicle Style (Type) 24 42 Vehicle Drivable Yes No

43 TAD _____ 44 Estimated Damage **\$0.00** 43 TAD _____ 44 Estimated Damage **\$0.00**

Insurance Company _____ Insurance Company _____

Policy # _____ Policy # _____

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

45 Cargo Body Type _____ Same Address as Owner? Source: Truck Shipping papers Driver

US DOT# _____ ICC# _____ Axles on Vehicle Including Trailers _____

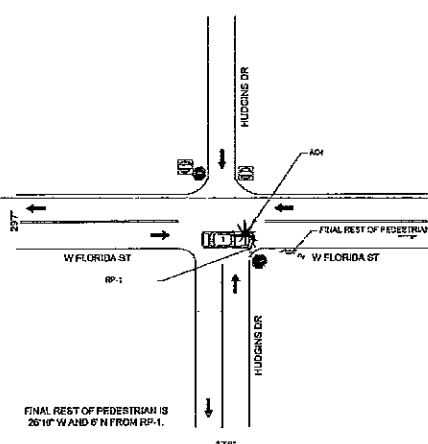
State _____ State# _____ IFTA# _____

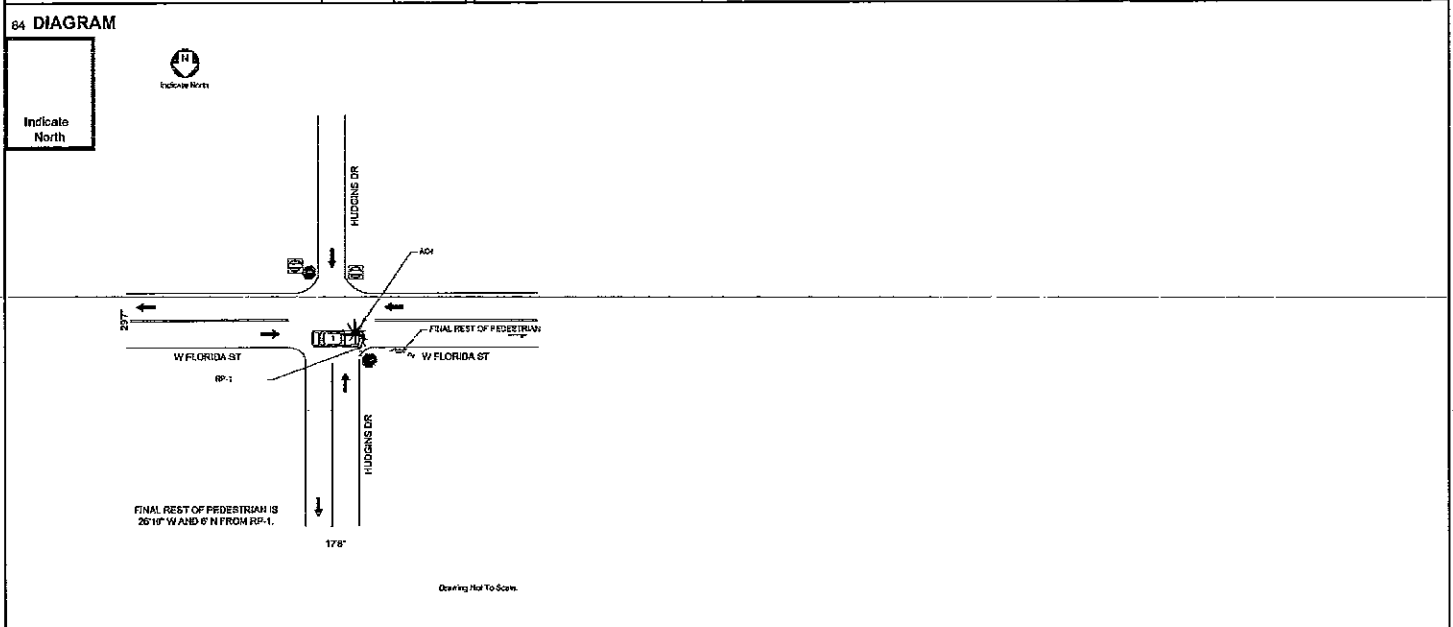
FE# _____ Fleet# _____ Gross Vehicle Weight Rating _____

		Names and Addresses for All Persons (Unit 1/Unit 2 Dry, Ped, etc. - See Above); Use check blocks if address same as Driver												
A	B	1	1	1	10	5	3	2	1	6	see above	Veh#1 Towed To/By:	DESTINATION-ON WAY	DRIVER
B	2	3			B	M	0				2	see above	Veh#2 Towed To/By:	
C														
D														
E														
F														
G														
H														

46 Name of EMS **A,B** **GUILFORD COUNTY EMS** 46 Name of EMS _____

47 Injured Taken by EMS to **B** **MOSES CONE HOSPITAL** (Treatment Facility and City or Town) 47 Injured Taken by EMS to **A** **N/A** (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)		Unit# 1: 1 1 21 0 Unit# 2: 0 0 0 0	VEHICLE INFO.		Veh # 1: 35 Veh # 2: 35	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)		Unit# 1: 4 Unit# 2: 16	60 Authorized Speed Limit		35	69 Road Feature		5	
49 Vehicle Maneuver/Action		4	61 Estimate of Original Traveling Speed		35	70 Road Character		2	
50 Non-Motorist Action		----	62 Estimate of Speed at Impact		25	71 Road Classification		5	
51 Non-Motorist Location Prior to Impact		2	63 Tire Impressions Before Impact (ft.)		0.00	72 Road Surface Type		3	
52 Crash Sequence - First Event for This Unit		14	64 Distance Traveled After Impact (ft.)		0	73 Road Configuration		2	
53 Crash Sequence - Second Event		----	65 Emergency Vehicle Use		----	74 Access Control		1	
54 Crash Sequence - Third Event		----	66 Post Crash Fire (if "Yes" check block)		<input type="checkbox"/>	75 Number of Lanes		2	
55 Crash Sequence - Fourth Event		----	67 School Bus - Contact Vehicle		<input type="checkbox"/>	76 Traffic Control Type		1	
56 Most Harmful Event for This Unit		14	68 School Bus - Noncontact Vehicle		<input type="checkbox"/>	77 Traffic Control Oper		---	
57 Distance/Direction to Object Struck		0	COMMERCIAL VEHICLE: Hazardous Materials Involvement Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No From Placard Indicate: 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						
58 Vehicle Underride/Overrride		3							
59 Vehicle Defects		7							
64 DIAGRAM		Indicate North  Drawing Not To Scale.							
66 Type/Owner		Owner Address		ADDITIONAL PROPERTY DAMAGE		State Property?		Estimated Damage \$	
Name: KISHA LYNETTE MONTGOMERY		Address: 1510 HUDGINS DR, GREENSBORO, NC 27406		Phone No. (336) 987-3630		Name: KIM STROMAN		Address: 702 SPARTA DR, GREENSBORO, NC 27406	
Name: _____		Charge(s): _____		Charge(s): _____		Name: _____		Charge(s): _____	
Officer Name: P2 GROSVENOR, H. W.		Officer Number: P12117		Department: 0410200		Date of Report: 12/07/2010			



Unit# 1 was: Traveling Parked Facing N S E W on W. FLORIDA ST
 Unit# 2 was: Traveling Parked Facing N S E W on W. FLORIDA ST

65 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form)

UNIT #1 (UNKNOWN GREEN COLORED 2-DOOR VEHICLE), WAS TRAVELING WEST ON W. FLORIDA ST.

UNIT #2 WAS WALKING SOUTH BOUND ACROSS W. FLORIDA ST. WHEN UNIT #1 COLLIDED WITH UNIT #2. UNIT #1 CONTINUED TRAVELING WEST ON W. FLORIDA ST. WITHOUT STOPPING.

[12/07/2010 16:16, GROSVENORH, 999]

66 Type/Owner _____ Owner Address _____ Phone _____

ADDITIONAL PROPERTY DAMAGE _____ State Property? Estimated Damage \$ _____

WITNESSES

Name: KISHA LYNETTE MONTGOMERY Address: 1510 HUDGINS DR, GREENSBORO, NC 27406 Phone No. (336) 987-3630

Name: KIM STROMAN Address: 702 SPARTA DR, GREENSBORO, NC 27406 Phone No. (336) 235-8220

TRAFFIC VIOLATION(S) _____

Name: _____ Charge(s): _____

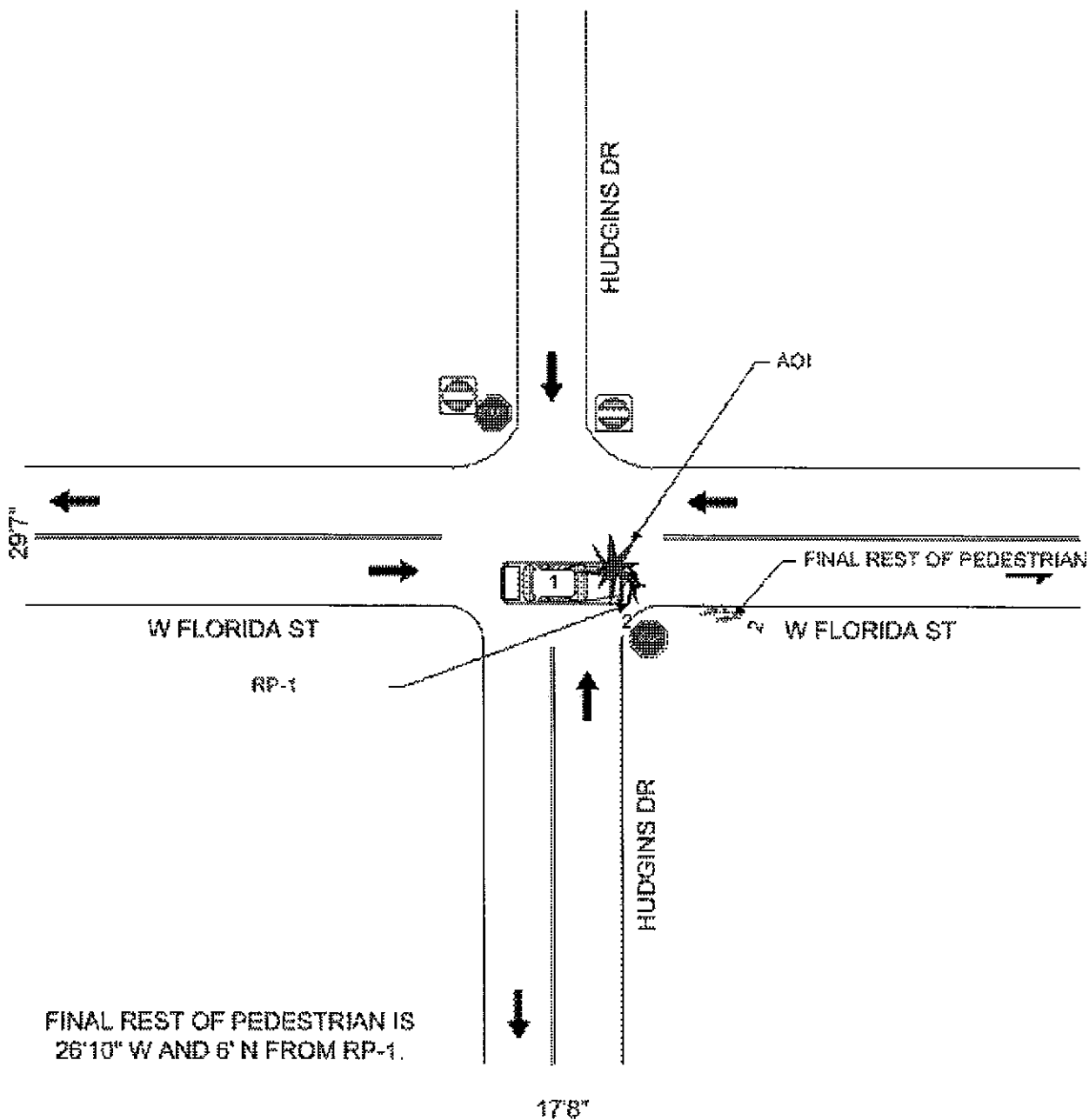
Name: _____ Charge(s): _____

Officer Name: P2 GROSVENOR, H. W. Officer Number: P12117 Department: 0410200 Date of Report: 12/07/2010

DIAGRAM



Indicate North



Drawing Not To Scale.

