

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 20110128312

Date Received by DMV

Crash Date 01/28/2011

County GUILFORD

Time 19:36 (24 Hour Clock)

Local Use/Patrol Area TRACT 66

33 Relation to Roadway Surface 1 Crash occurred In Greensboro Municipality

on E MARKET ST Highway Number, or Highway, Street. (If ramp or service road, indicate on line) Ramp or Service Road (R.R. Crossing #) 25 Miles (0 ft.-Intersection) ft. N S E W

1 from N DUDLEY ST Use Highway Number, Street Name or Adjacent County or State Line toward LAUREL ST Use Highway Number, Street Name or Adjacent County or State Line

UNIT # 1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL VEHICLE

UNIT # 2 VEHICLE PEDESTRIAN HIT & RUN OTHER

Driver DAVID TOWNSEND WARD First Middle Last Suffix

Driver LAVETTE First Middle Last Suffix

Address 4015 BROOKSHIRE

Address

City HIGH POINT State NC Zip 27465

City GREENSBORO State NC Zip 27406672

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

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

D.L. # CDL License Class C State NC

D.L. # CDL License Class C State NC

DOB 34 Vision Obstruction 0 35 Physical Condition 5 36 D.L. Restrictions 0

DOB 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 1 38 Alcohol/Drugs Test 1 39 Results (If known) 5 40 Vehicle Seizure (DWI)

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (If known) 0 40 Vehicle Seizure (DWI)

Owner DAVID TOWNSEND WARD Same as Driver? Yes

Owner LONNIE L Same as Driver? No

Address 4015 BROOKSHIRE Same Address as Driver? Yes

Address Same Address as Driver? No

City HIGH POINT State NC Zip 27465

City CAMDEN State NJ Zip

Plate # ZRE1207 Plate NC Plate 2011

Plate # Plate NJ Plate 2011

VIN 1N4BL2AP7AN437592

VIN

Vehicle Make NISS Vehicle 2010 41 Vehicle Style (Type) 1 42 Vehicle Drivable Yes No

Vehicle Make FORD Vehicle 1998 41 Vehicle Style (Type) 1 42 Vehicle Drivable Yes No

43 TAD FD-3 44 Estimated Damage \$3,500.00

43 TAD FD-2 44 Estimated Damage \$2,000.00

Insurance Company USAA CASUALTY INSURANCE COMPA

Insurance Company GEICO

Policy # 00357 24 63U 7102 2

Policy #

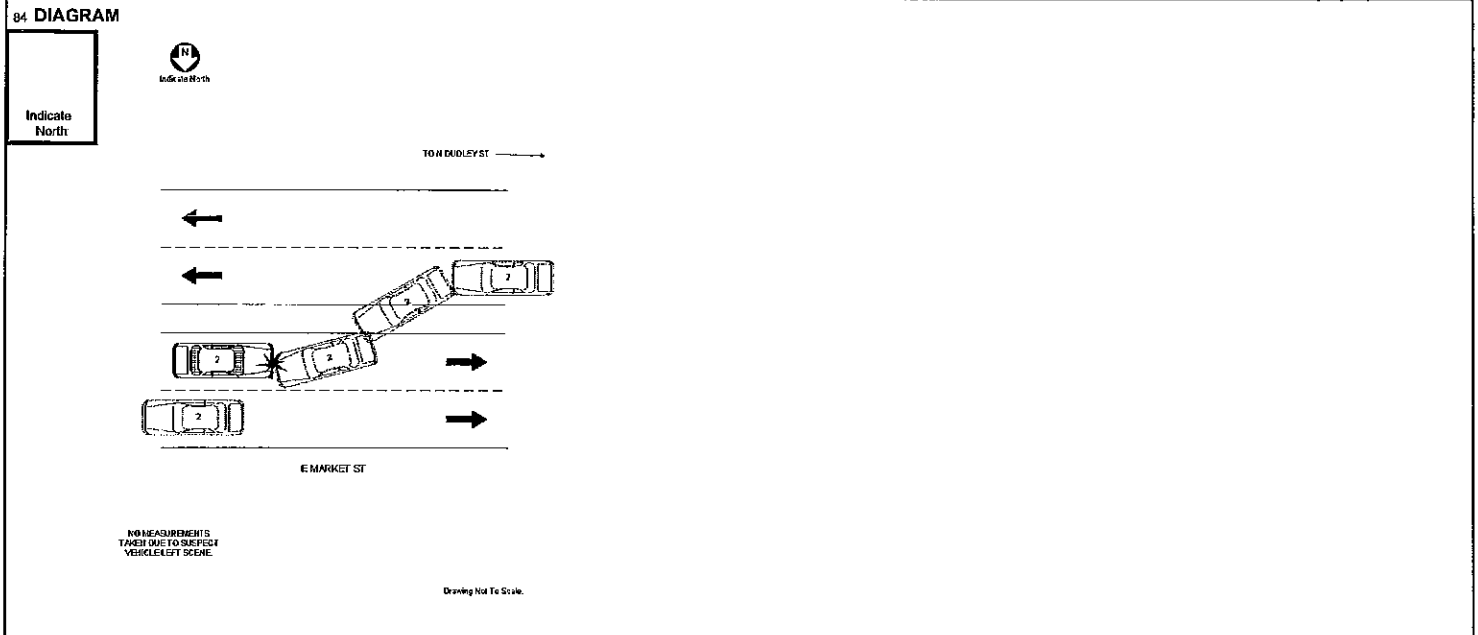
20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source, Carrier Identification Numbers, GVWR, Axles

Table with columns A-H and rows 1-8. Contains names and addresses for all persons involved in the crash.

46 Name of EMS B,C GUILFORD COUNTY EMS
47 Injured Taken by EMS to A MOSES CONE HOSPITAL

46 Name of EMS A NONE
47 Injured Taken by EMS to B,C WESLEY LONG

48 POINTS OF INITIAL CONTACT (Write in Codes)			VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED		
Unit# <u>1</u>	<u>1</u>	<u>2</u>	<u>3</u>	60 Authorized Speed Limit	Veh # <u>1</u>	Veh # <u>2</u>	69 Road Feature	78 Workzone Area	
Unit# <u>2</u>	<u>1</u>	<u>2</u>	<u>3</u>	61 Estimate of Original Traveling Speed	<u>35</u>	<u>35</u>	70 Road Character	<u>5</u>	
CRASH SEQUENCE (Unit Level)			Unit# <u>1</u>	Unit# <u>2</u>	62 Estimate of Speed at Impact	<u>UNK</u>	<u>35</u>	71 Road Classification	
49 Vehicle Maneuver/Action	<u>4</u>	<u>4</u>	63 Tire Impressions Before Impact (ft.)	<u>0.00</u>	<u>0.00</u>	72 Road Surface Type	<u>3</u>	79 Work Activity	
50 Non-Motorist Action	----	----	64 Distance Traveled After Impact (ft.)	<u>MOVE</u>	<u>MOVE</u>	73 Road Configuration	<u>3</u>	80 Work Area Marked	
51 Non-Motorist Location Prior to Impact	----	----	65 Emergency Vehicle Use	----	----	74 Access Control	<u>1</u>	81 Crash Location	
52 Crash Sequence - First Event for This Unit	<u>55</u>	<u>27</u>	66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	<u>4</u>	TRAILER INFO.	
53 Crash Sequence - Second Event	<u>37</u>	----	67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	<u>0</u>	Unit# <u>1</u>	
54 Crash Sequence - Third Event	<u>55</u>	----	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	<u>---</u>	Unit# <u>2</u>	
55 Crash Sequence - Fourth Event	<u>27</u>	----	<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> 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				82 Trailer Type		
56 Most Harmful Event for This Unit	<u>27</u>	<u>27</u>					83 1st Trailer No. Axles	<u>0</u>	<u>0</u>
57 Distance/Direction to Object Struck	<u>5</u>	<u>0</u>					Width (inches)	<u>0.00</u>	<u>0.00</u>
58 Vehicle Undercarriage/Override	<u>3</u>	<u>3</u>					Length (feet)	<u>0.00</u>	<u>0.00</u>
59 Vehicle Defects	<u>7</u>	<u>7</u>	83 2nd Trailer No. Axles	<u>0</u>	<u>0</u>				
			Width (inches)	<u>0.00</u>	<u>0.00</u>				
			Length (feet)	<u>0.00</u>	<u>0.00</u>				
			83 Unit#	Overwidth Permit #					



Unit# 1 was:  Traveling  Parked Facing  N  S  E  W on E MARKET ST

Unit# 2 was:  Traveling  Parked Facing  N  S  E  W on E MARKET ST

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

VEHICLE #1 WAS TRAVELING EAST ON E MARKET ST NEAR N DUDLEY ST. VEHICLE #1 THEN WENT LEFT OF CENTER AND CROSSED THE CENTER MEDIAN INTO ON-COMING TRAFFIC COLLIDING WITH VEHICLE #2 HEAD ON.

VEHICLE #1 CONTINUED EAST BOUND ON THE WEST BOUND SIDE OF E MARKET ST HITTING SEVERAL OTHER VEHICLES AND ONE PEDESTRIAN. SEE CASE NUMBERS 2011-0128-318 AND 2011-0128-316 FOR FURTHER.

[01/28/2011 21:01, MEADOWSJ, 3464]

86 Type/Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ Phone \_\_\_\_\_

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

WITNESSES

Name FRANKIE BROWN Address 3004 WILKINSON RD CHARLOTTE, NC 28216 Phone No. (\_\_\_\_) \_\_\_\_\_

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

Name DAVID TOWNSEND WARD Charge(s) LEFT OF CENTER

Name \_\_\_\_\_ Charge(s) \_\_\_\_\_

Officer Name P1 MEADOWS, J. A. Officer Number P13309 Department \_\_\_\_\_ Date of Report 01/28/2011

0410200



Do not write in these spaces

8  
9  
0  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28  
29  
30  
31  
32  
33  
34  
35  
36  
37  
38  
39  
40  
41  
42  
43  
44  
45  
46  
47  
48  
49  
50

2

No. of Units Involved Form 1 of 4  Supplemental Report  Non-Reportable **20110128312**

1  
3  
2  
3  
3  
1  
4  
1  
5  
1  
6  
2  
7  
2

Crash Date <b>01/28/2011</b> <small>mm/dd/yyyy</small>	County <b>GUILFORD</b>	Time <b>19:36</b> <small>(24 Hour Clock)</small>	Local Use/Patrol Area <b>TRACT 66</b>
--	---------------------------	--	--

33 Relation to Roadway Surface 1 Crash occurred  In  Near **GREENSBORO** Municipality or \_\_\_\_\_ Miles     outside municipality

on **E MARKET ST** Ramp or Service Road  (R.R. Crossing # \_\_\_\_\_) Miles 0 ft.     (0 ft.-Interaction) (If available)

at **DURHAM ST**    toward **N RALEIGH ST** Use Highway Number, Street Name or Adjacent County or State Line

Use Highway Number, Street Name or Adjacent County or State Line

UNIT # 1  VEHICLE  PEDESTRIAN  HIT & RUN  COMMERCIAL  VEHICLE

Driver **DAVID TOWNSEND WARD**  
First Middle Last Suffix

Address **4015 BROOKSHIRE**

City **HIGH POINT** State **NC** Zip **27465**

Same Address on Driver's License?  Yes  No Driver's Phone Numbers H (\_\_\_\_\_) W (\_\_\_\_\_) D.L. # \_\_\_\_\_ D.L. Class **C** State **NC**

DOB \_\_\_\_\_ 34 Vision Obstruction 0 35 Physical Condition 5 36 D.L. Restrictions **NONE**

37 Alcohol/Drugs Suspected 1 38 Alcohol/Drugs Test 3 39 Results (if known) 5 40 Vehicle Seizure (DWI)

UNIT # 2  VEHICLE  PEDESTRIAN  HIT & RUN  OTHER \_\_\_\_\_

Driver **JOHN**  
First Middle Last Suffix

Address **SOLE SOURCE BLVD**

City **GREENSBORO** State **NC** Zip **27405**

Same Address on Driver's License?  Yes  No Driver's Phone Numbers H (\_\_\_\_\_) W (\_\_\_\_\_) D.L. # \_\_\_\_\_ D.L. Class **C** State **NC**

DOB \_\_\_\_\_ 34 Vision Obstruction 0 35 Physical Condition 1 36 D.L. Restrictions **NONE**

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

Owner **DAVID TOWNSEND WARD**  
Same as Driver?

Address **4015 BROOKSHIRE**  
Same Address as Driver?

City **HIGH POINT** State **NC** Zip **27465**

Plate # **ZRE1207** Plate **NC** Plate Year **2011**

VIN **1N4BL2AP7AN437592**

Vehicle Make **NISS** Vehicle Year **2010** 41 Vehicle Style (Type) 1 42 Vehicle Driveable  Yes  No

43 TAD **FD-6** 44 Estimated Damage **\$6,000.00**

Insurance Company **USAA CASUALTY INSURANCE COMPA**  
Policy # **00357 24 63U 7102 2**

Owner **SHARLEEN**  
Same as Driver?

Address **\_\_\_\_\_**  
Same Address as Driver?

City **GREENSBORO** State **NC** Zip **274054438**

Plate # **\_\_\_\_\_** Plate **NC** Plate Year **2011**

VIN **1N4BL2AP7AN437592**

Vehicle Make **MERC** Vehicle Year **2004** 41 Vehicle Style (Type) 1 42 Vehicle Driveable  Yes  No

43 TAD **RFQ-5** 44 Estimated Damage **\$5,500.00**

Insurance Company **PROGRESSIVE UNIVERSAL INS CO**  
Policy # **\_\_\_\_\_**

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

Unit # \_\_\_\_\_ 45 Cargo Body Type \_\_\_\_\_  Same Address as Owner?

Source  Truck  Shipping papers  Drive

US DOT# \_\_\_\_\_ ICC# \_\_\_\_\_ Axles on Vehicle including Trailers \_\_\_\_\_

State \_\_\_\_\_ State# \_\_\_\_\_ IFTA# \_\_\_\_\_

FEIN# \_\_\_\_\_ 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 Drv, Ped, etc. - See Above); Use check blocks if address same as Driver
A	1	1	1	W	M	10	1	3	2	1	5	see above: Veh# 1 Towed To/By: <b>TOWING COMPANY RAY HARRIS</b>
B	2	1	1	B	M	2	1	3	2	1	5	see above: Veh# 2 Towed To/By: <b>DESTINATION-ON WAY DRIVER</b>
C												
D												
E												
F												
G												
H												

46 Name of EMS **A,B** **NONE** 46 Name of EMS \_\_\_\_\_

47 Injured Taken **A,B** **N/A** by EMS to \_\_\_\_\_ (Treatment Facility and City or Town) 47 Injured Taken \_\_\_\_\_ by EMS to \_\_\_\_\_ (Treatment Facility and City or Town)



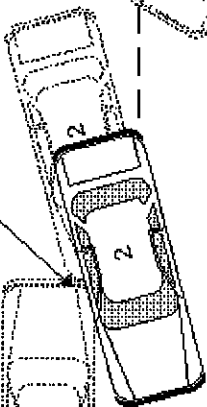
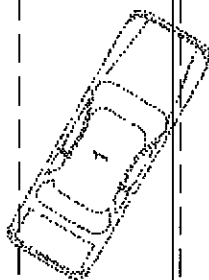


DIAGRAM

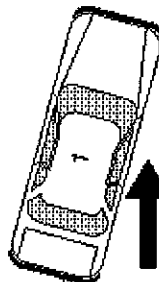


Indicate North

DURHAM ST



AOI



E MARKET ST

NO MEASUREMENTS  
TAKEN DUE TO HEAVY  
TRAFFIC

Drawing Not To Scale.

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

8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19

2

No. of Units Involved Form 1 of 5 Supplemental Report Non-Reportable 20110128318

Crash Date 01/28/2011 County GUILFORD Time 19:36 Local Use/Patrol Area TRACT 66

Date Received by DMV

33 Relation to Roadway Surface 1 Crash occurred In Near GREENSBORO Municipality on E MARKET ST Highway Number, or Highway, Street. (If ramp or service road, indicate on line) from BENBOW RD toward LAUREL ST

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

Driver DAVID TOWNSEND WARD Address 4015 BROOKSHIRE City HIGH POINT State NC Zip 27465 D.L. # Class C State NC

Driver AMBER Address 4015 BROOKSHIRE City MC LEANSVILLE State NC Zip 27301975 D.L. # Class C State NC

Owner DAVID TOWNSEND WARD Address 4015 BROOKSHIRE City HIGH POINT State NC Zip 27465 Plate # ZRE1207 Plate NC Plate 2011 VIN 1N4BL2AP7AN437592 Vehicle Make NISS Vehicle 2010 41 Vehicle Style (Type) 1 42 Vehicle Drivable Yes No

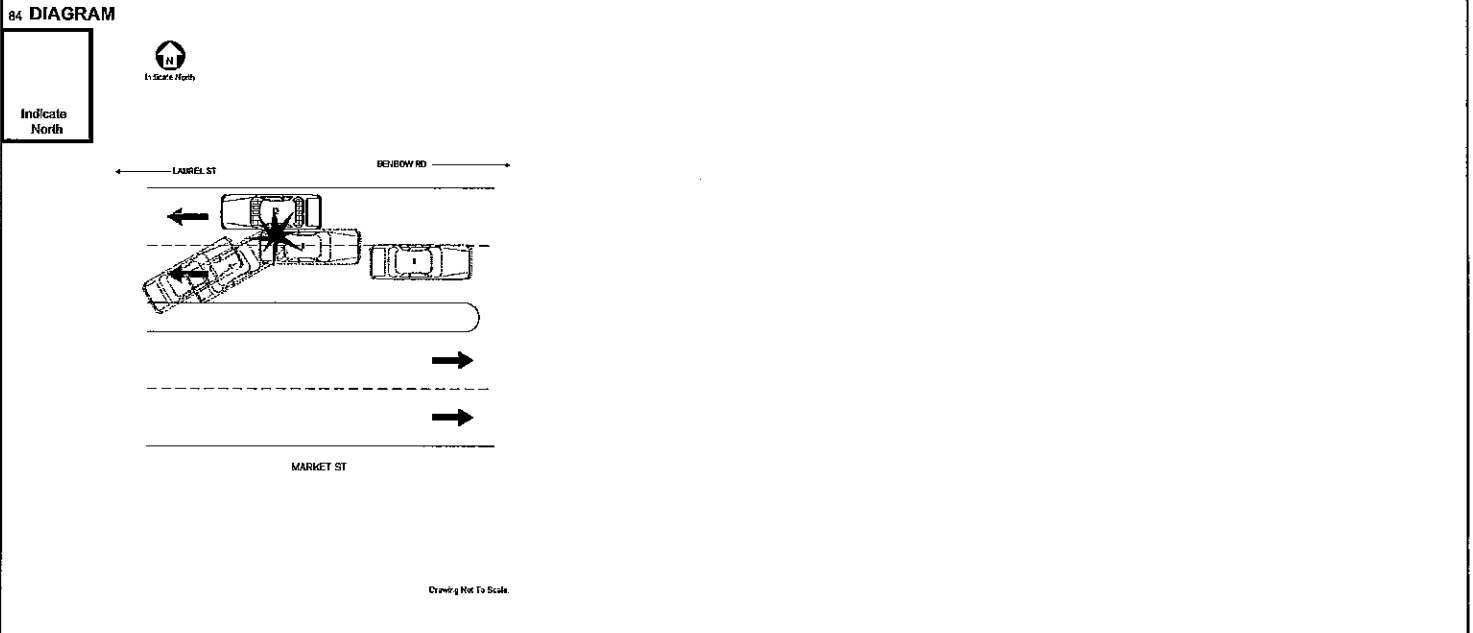
Owner AMBER Address 4015 BROOKSHIRE City MC LEANSVILLE State NC Zip 27301975 Plate # LD-4 Plate NC Plate 2009 VIN 1E4ED833W460667 Vehicle Make FORD Vehicle 1998 41 Vehicle Style (Type) 1 42 Vehicle Drivable Yes No

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

Table with columns A-H and rows 1-5. Includes names and addresses for persons involved: TOWING COMPANY RAY HARRIS, DESTINATION-ON WAY DRIVER.

46 Name of EMS A,B NONE 46 Name of EMS 47 Injured Taken by EMS to A,B (Treatment Facility and City or Town) 47 Injured Taken by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)	Unit# <u>1</u> <u>1</u> <u>2</u> <u>3</u>	VEHICLE INFO.	Veh # <u>1</u>	Veh # <u>2</u>	ROADWAY INFO.	WORK ZONE RELATED
	Unit# <u>2</u> <u>5</u> <u>6</u> <u>7</u>					
CRASH SEQUENCE (Unit Level)	Unit# <u>1</u> Unit# <u>2</u>	60 Authorized Speed Limit	<u>35</u>	<u>35</u>	69 Road Feature	<u>0</u>
49 Vehicle Maneuver/Action	<u>4</u> <u>4</u>	61 Estimate of Original Traveling Speed	<u>40</u>	<u>35</u>	70 Road Character	<u>1</u>
50 Non-Motorist Action	----	62 Estimate of Speed at Impact	<u>40</u>	<u>35</u>	71 Road Classification	<u>5</u>
51 Non-Motorist Location Prior to Impact	----	63 Tire Impressions Before Impact (ft.)	<u>0.00</u>	<u>0.00</u>	72 Road Surface Type	<u>4</u>
52 Crash Sequence - First Event for This Unit	<u>29</u> <u>29</u>	64 Distance Traveled After Impact (ft.)	<u>0</u>	<u>0</u>	73 Road Configuration	<u>4</u>
53 Crash Sequence - Second Event	----	65 Emergency Vehicle Use	----	----	74 Access Control	<u>1</u>
54 Crash Sequence - Third Event	----	66 Post Crash Fire (if "Yes" check black)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	<u>4</u>
55 Crash Sequence - Fourth Event	----	67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	<u>0</u>
56 Most Harmful Event for This Unit	<u>29</u> <u>29</u>	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	---
57 Distance/Direction to Object Struck	<u>0</u> <u>0</u>	<b>COMMERCIAL VEHICLE: Hazardous Materials Involvement</b> 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 Underdrive/Override	<u>3</u> <u>3</u>					
59 Vehicle Defects	<u>7</u> <u>7</u>					
84 DIAGRAM						
82 Trailer Type 1st Trailer No. Axles <u>0</u> <u>0</u> Width (inches) <u>0.00</u> <u>0.00</u> Length (feet) <u>0.00</u> <u>0.00</u> 2nd Trailer No. Axles <u>0</u> <u>0</u> Width (inches) <u>0.00</u> <u>0.00</u> Length (feet) <u>0.00</u> <u>0.00</u> 83 Unit# _____ Overwidth Trailer and Overwidth Mobile Home Overwidth Permit # _____						



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

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

**UNIT 2 WAS TRAVELING WEST IN THE WEST BOUND RIGHT HAND LANE ON MARKET ST TOWARDS LAUREL ST. UNIT 1 WAS TRAVELING EAST IN THE WEST BOUND LANE ON MARKET ST. TOWARDS BENBOW RD. UNIT 1 STRUCK UNIT 2 AS UNIT 1 WAS TRAVELING ON THE WRONG SIDE OF THE ROAD. THIS RESULTED IN HEAVY DAMAGE TO THE LEFT SIDE OF UNIT 2.**

**THERE WERE NO INJURIES.**

**THE DRIVER OF UNIT 1 WAS CHARGED WITH SEVERAL TRAFFIC CHARGES, INCLUDING DWI.**

**PLEASE SEE THE REPORTS UNDER CASE NUMBERS 2011-0128-312 AND 2011-0128-316 FOR ADDITIONAL INFORMATION.**

86 Type/Owner \_\_\_\_\_ Owner Address \_\_\_\_\_ Phone \_\_\_\_\_ ADDITIONAL PROPERTY DAMAGE \_\_\_\_\_ State Property?  Estimated Damage \$ \_\_\_\_\_

WITNESSES  
 Name DAVID TOWNSEND WARD Address 1000 W. GREENSBORO, NC 274092436 Phone No. (\_\_\_\_\_) \_\_\_\_\_  
 Name TONY WARD Address 1000 W. GREENSBORO, NC 274066814 Phone No. (\_\_\_\_\_) \_\_\_\_\_

Name DAVID TOWNSEND WARD Charge(s) G.S. 20-166.1(A)  
 Name \_\_\_\_\_ Charge(s) \_\_\_\_\_

Officer Name PIERCE, L. M. Officer Number P14413 Department 0410200 Date of Report 01/28/2011

ACCIDENT DESCRIPTION (continued)

NOTHING FURTHER.

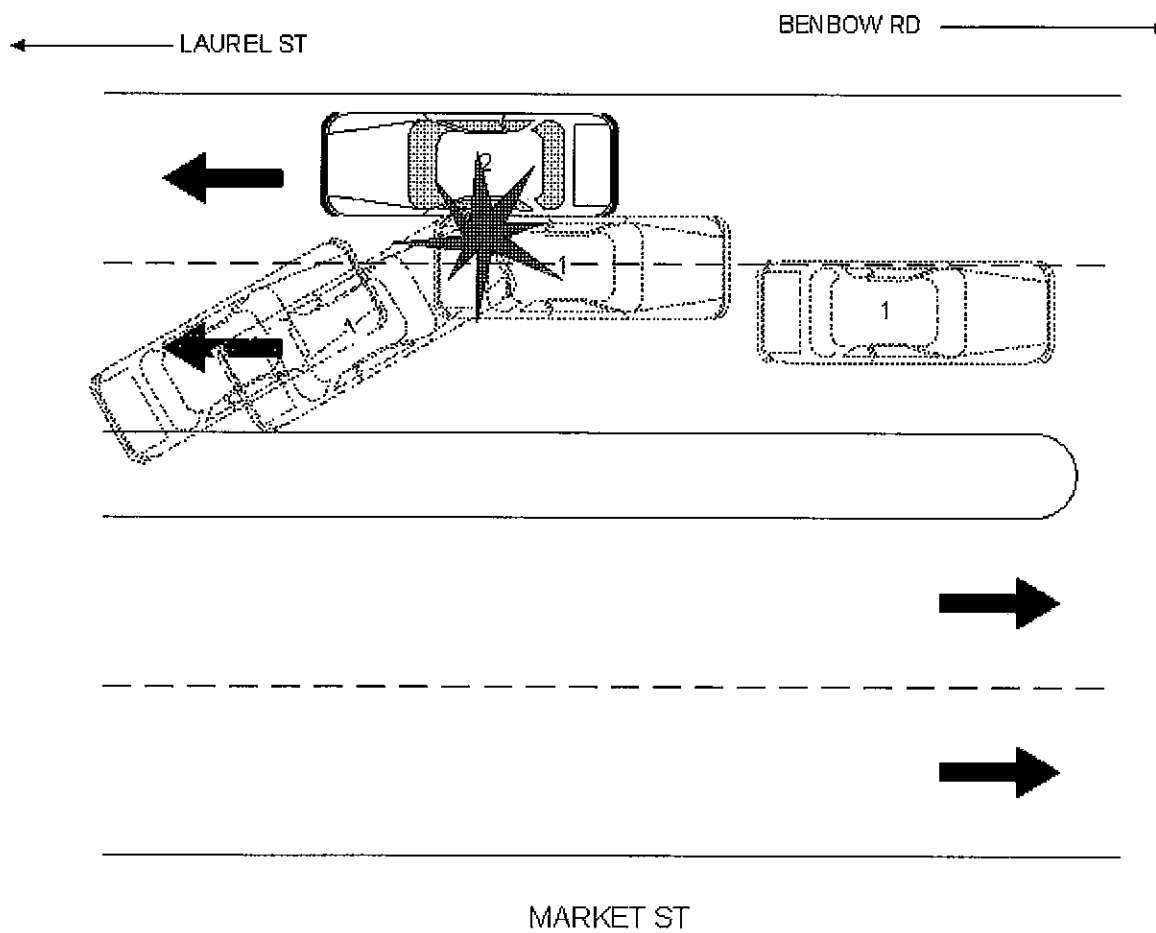
[01/28/2011 23:44, PIERCEL, 3864]



DIAGRAM



Indicate North



Drawing Not To Scale.