

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

102998051

Date Received by DMV

10/29/2010

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

Date 10/28/2010 County RANDOLPH Time 19:30 Local Use/Patrol Area 101028133DA/01

33 Relation to Roadway Surface 1 Crash occurred in TRINITY Municipality or 2.20 Miles outside municipality

UNIT #1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE

Driver PAUL GREY HINSHAW First Middle Last Suffix

Address 4091 ROLLINGWOOD DR

City TRINITY State NC Zip 273708651

Same Address on Driver's License? Yes No Driver's Phone Numbers H 336 431-3800 W

D.L. # 000000003425 State NC

DOB 11/15/1936 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 1

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) No

Owner PAUL GREY HINSHAW Same as Driver? Yes

Address 4091 ROLLINGWOOD DR

City TRINITY State NC Zip 273708651

Plate # XWK6944 Plate NC Plate 2011

VIN CE149S895541

Vehicle CHEV Vehicle 1969 41 Vehicle 2 42 Vehicle Yes

43 TAD FC-3 44 Estimated Damage \$1500

Insurance NC FARM BUREAU

Company Policy # AP4506796

UNIT #2 VEHICLE PEDESTRIAN HIT & RUN OTHER

Driver BETTY LYNN EASON First Middle Last Suffix

Address 3701 PINE RIDGE DR

City TRINITY State NC Zip 273707443

Same Address on Driver's License? Yes No Driver's Phone Numbers H 336 861-9182 W

D.L. # 000008942552 State NC

DOB 08/11/1976 34 Vision Obstruction 00 35 Physical Condition 01 36 D.L. Restrictions 0

37 Alcohol/Drugs Suspected 0 38 Alcohol/Drugs Test 0 39 Results (if known) 0 40 Vehicle Seizure (DWI) No

Owner CHARLTON EMIL EASON Same as Driver? No

Address 3701 PINE RIDGE DR

City TRINITY State NC Zip 273707443

Plate # 3Y2616 Plate NC Plate 2011

VIN JKAZX2C11XA040086

Vehicle KAWK Vehicle 1999 41 Vehicle 20 42 Vehicle Yes

43 TAD BD-2 44 Estimated Damage \$2000

Insurance GEICO

Company Policy # 4124256589

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#

FEI# 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


Table with columns A-H and rows 1-5. Row 1: Unit 1-Drv1, Ped1, etc. W M 1 0 0 2 1 5. Row 2: Unit 2-Drv2, Ped2, etc. O F 5 0 0 2 2 2. Row 3: 12/29/1938 W M 1 0 0 2 1 5. Row 4: MAX BULLA 8859 HILLSVILLE RD, TRINITY, NC 27370. Row 5: Empty.

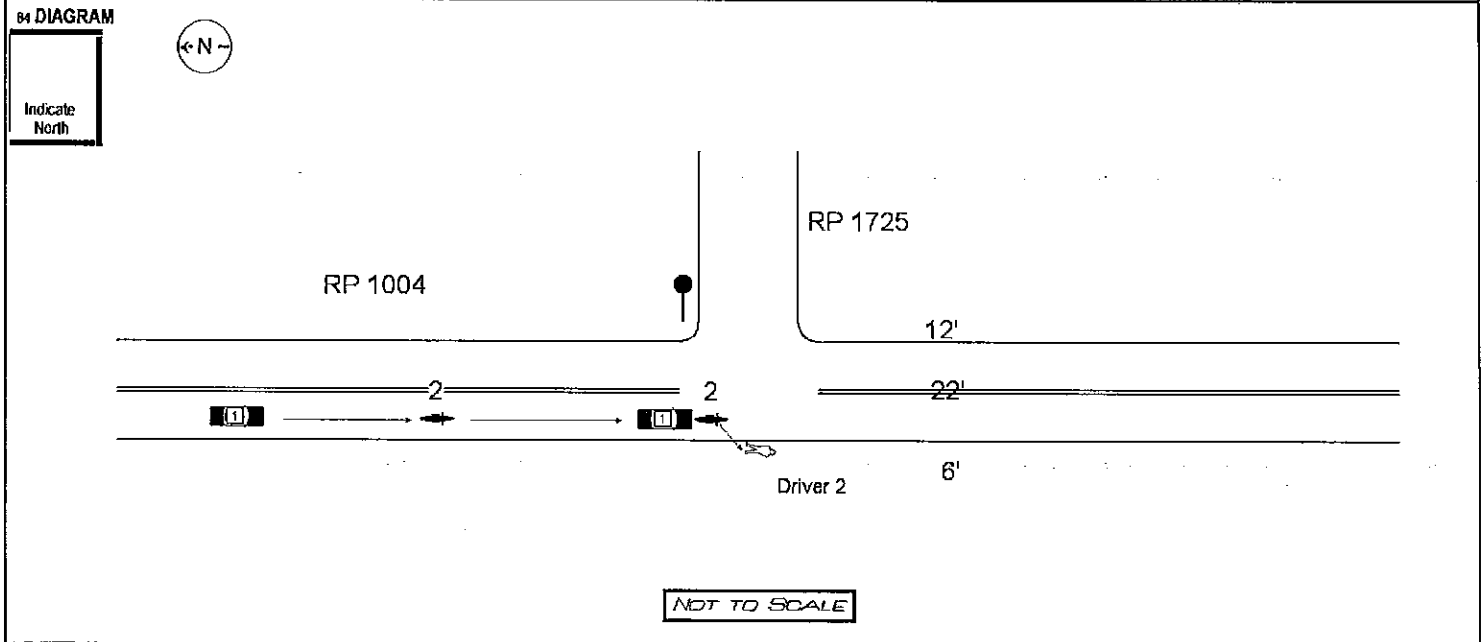
46 Name of EMS B-RANDOLPH CO EMS

46 Name of EMS

47 Injured Taken by EMS to HIGH POINT REGIONAL, HIGH POINT (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 2 3</u> Unit# <u>2 29</u>			VEHICLE INFO.		Veh.# <u>1</u>	Veh.# <u>2</u>	ROADWAY INFO.		WORK ZONE RELATED	
CRASH SEQUENCE (Unit Level)			60 Authorized Speed Limit	45	45	69 Road Feature	8	78 Workzone Area	5	
49 Vehicle Maneuver/Action	Unit# <u>1</u>	Unit# <u>2</u>	61 Estimate of Original Traveling Speed	35	0	70 Road Character	1	79 Work Activity		
50 Non-Motorist Action	4	1	62 Estimate of Speed at Impact	30	0	71 Road Classification	4	80 Work Area Marked		
51 Non-Motorist Location Prior to Impact			63 Tire Impressions Before Impact (ft.)	0	0	72 Road Surface Type	3	81 Crash Location		
52 Crash Sequence - First Event for This Unit	21	21	64 Distance Traveled After Impact (ft.)	4	6	73 Road Configuration	2	TRAILER INFO. Unit# <u>1</u> Unit# <u>2</u>		
53 Crash Sequence - Second Event		5	65 Emergency Vehicle Use			74 Access Control	1	82 Trailer Type	00	00
54 Crash Sequence - Third Event			66 Post Crash Fire (if "Yes" check block)	<input type="checkbox"/>	<input type="checkbox"/>	75 Number of Lanes	2	1st Trailer No. Axles		
55 Crash Sequence - Fourth Event			67 School Bus - Contact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	76 Traffic Control Type	13	Width (inches)		
56 Most Harmful Event for This Unit	21	21	68 School Bus - Noncontact Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	77 Traffic Control Oper	1	Length (feet)		
57 Distance/Direction to Object Struck	0	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 _____				2nd Trailer No. Axles			
58 Vehicle Underide/Overide	3	3					83 Unit Overwidth Trailer and Overwidth Mobile Home			
59 Vehicle Defects	0	0					Overwidth Permit #			



Unit# 1 was: Traveling Parked Facing N S E W on RP 1004 Unit# 2 was: Traveling Parked Facing N S E W on RP 1004

65 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form) VEHICLE 1 AND VEHICLE 2 WERE TRAVELING SOUTH ON RP 1004. VEHICLE 2 CAME TO A STOP IN THE ROADWAY IN PREPARATION TO TURN LEFT ONTO RP 1725. VEHICLE 1 FAILED TO REDUCE ITS SPEED AND COLLIDED WITH VEHICLE 2. AFTER IMPACT VEHICLE 1 CAME TO REST IN THE ROADWAY. VEHICLE 2 THEN OVERTURNED, EJECTED ITS DRIVER, AND CAME TO REST IN THE ROADWAY AFTER IMPACT.

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

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

TRAFFIC VIOLATION(S)
Name 1 - PAUL GREY HINSHAW Charge(s) FAIL TO REDUCE SPEED
Name _____ Charge(s) _____ (Citation # optional)

Officer Name W A Dees Officer Number 1847 Department North Carolina State Highway P Date of Report 10/28/2010