

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

103035515

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

Date Received by DMV

12/08/2010

1 Date 12/04/2010 County ROCKINGHAM Time 15:25 Local Use/Patrol Area 101204117DA/02

1 LOCATION 33 Relation to Roadway Surface 1 Crash occurred in EDEN or 0.30 Miles outside municipality on RP 1535 Highway Number, or Highway, Street, (If ramp or service road, indicate on line) Municipality RP 1538 toward RP 1538

4 UNIT #1 VEHICLE PEDESTRIAN HIT & RUN COMMERCIAL 20 VEHICLE Driver DAVID HOWARD MORTON IV Address 5583 MORGAN FORD RD City RIDGEWAY State VA Zip 24148

4 UNIT #2 VEHICLE PEDESTRIAN HIT & RUN OTHER Driver TERESA JEAN GOINS Address 1871 PRICE RD City EDEN State NC Zip 272887612

1 Owner DAVID HOWARD MORTON IV Address 5583 MORGAN FORD RD City RIDGEWAY State VA Zip 24148 Plate # XJD4993 VIN 4TARN01P4PZ099573 Vehicle TOYOTA Year 1993 Style 2 Vehicle FR-6 Estimated Damage \$5500 Insurance ERIE Policy # Q120309635

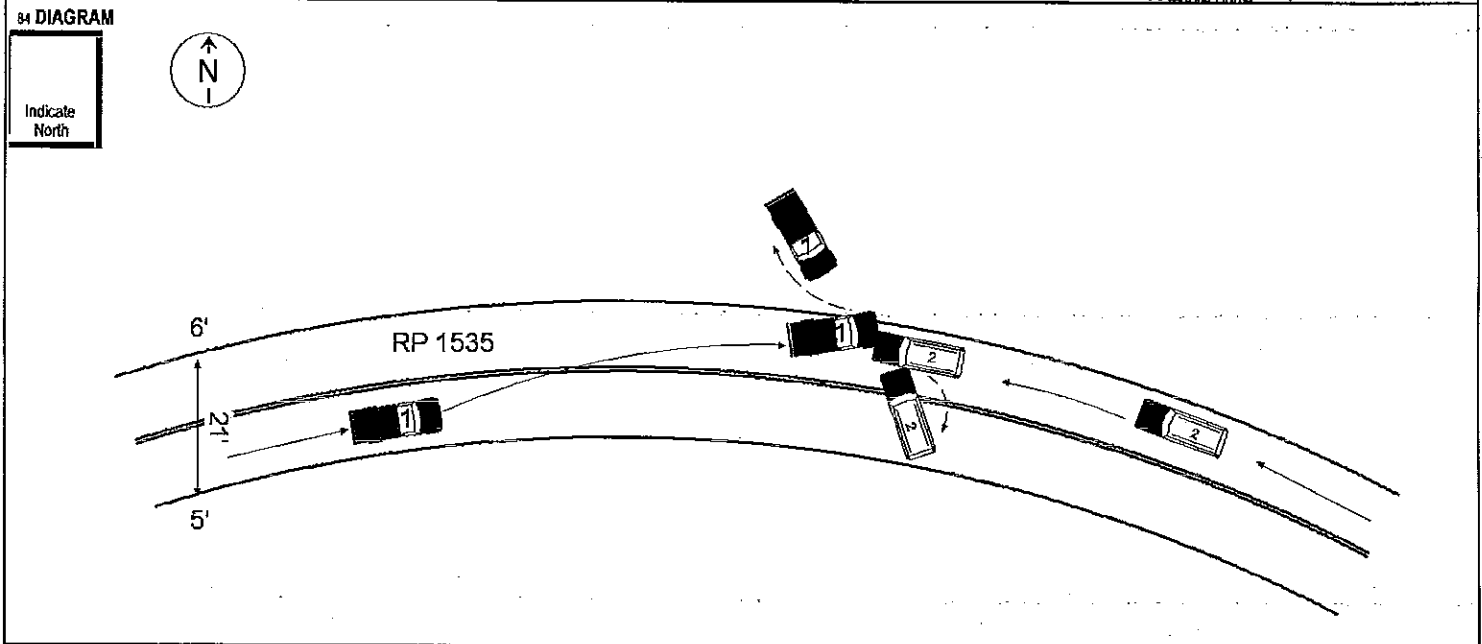
1 Owner TERESA JEAN GOINS Address 1871 PRICE RD City EDEN State NC Zip 272887612 Plate # LVS3347 VIN 5GTDN13EX78103026 Vehicle HUMM Year 2007 Style 4 Vehicle FR-6 Estimated Damage \$15500 Insurance STATE FARM Policy # 1076414C2533

20 COMMERCIAL VEHICLE: Cargo, Carrier Name, Address, Source, Unit 45 Cargo Body Type Same Address as Owner? Carrier Identification Numbers, GVWR, Axles US DOT# ICC# Axles on Vehicle

Table with columns A-H and rows 1-32. Row 1: Unit 1, Driver 1, Ped 1, etc. Row 2: Unit 2, Driver 1, Ped 2, etc. Row 3: 04/04/1937, W, F, 2, 2, 0, 2, 1, 1, ELLEN GOINS TERRY, 1869 PRICE RD, EDEN, NC 27288

46 Name of EMS ABC-ROCKINGHAM COUNTY 46 Name of EMS Injured Taken MOREHEAD MEMORIAL HOSPITAL, EDEN by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes) Unit# 1 <u>1</u> Unit# 2 <u>1</u>			VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED		
60 Authorized Speed Limit			Veh # 1	Veh # 2	68 Road Feature		78 Workzone Area		
61 Estimate of Original Traveling Speed			35	35	0		5		
CRASH SEQUENCE (Unit Level)			62 Estimate of Speed at Impact		70 Road Character		79 Work Activity		
Unit# 1 Unit# 2			35 35		7		80 Work Area Marked		
49 Vehicle Maneuver/Action			63 Tire Impressions Before Impact (ft.)		71 Road Classification		81 Crash Location		
4			0 0		4				
50 Non-Motorist Action			64 Distance Traveled After Impact (ft.)		72 Road Surface Type				
			15 12		3				
51 Non-Motorist Location Prior to Impact			65 Emergency Vehicle Use		73 Road Configuration		TRAILER INFO.		
					2		Unit# 1 Unit# 2		
52 Crash Sequence - First Event for This Unit			66 Post Crash Fire (if "Yes" check block)		74 Access Control		82 Trailer Type		
27 27			<input type="checkbox"/> <input type="checkbox"/>		1		00 00		
53 Crash Sequence - Second Event			67 School Bus - Contact Vehicle		75 Number of Lanes		1st Trailer No. Axles		
			<input type="checkbox"/> <input type="checkbox"/>		2		Width (inches)		
54 Crash Sequence - Third Event			68 School Bus - Noncontact Vehicle		76 Traffic Control Type		Length (feet)		
			<input type="checkbox"/> <input type="checkbox"/>		13		2nd Trailer No. Axles		
55 Crash Sequence - Fourth Event			69 Commercial Vehicle: Hazardous Materials Involvement Unit		77 Traffic Control Oper		Width (inches)		
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No		1		Length (feet)		
56 Most Harmful Event for This Unit			COMMERCIAL VEHICLE: Hazardous Materials Involvement Unit		From Placard indicate:		83 Unit#		
27 27			Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No Released (does not include fuel from fuel tank) Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Overwidth Trailer and Overwidth Mobile Home		
57 Distance/Direction to Object Struck			58 Vehicle Under/Over/Under		59 Vehicle Defects		Overwidth Permit #		
0 0			3 3		0 0				



Unit# 1 was: Traveling Parked Facing N S E W on RP 1535

Unit# 2 was: Traveling Parked Facing N S E W on RP 1535

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

VEHICLE ONE WAS TRAVELING EAST ON RP 1535 AND VEHICLE TWO WAS TRAVELING WEST ON RP 1535. VEHICLE ONE SLID LEFT OF CENTER AND STRUCK VEHICLE TWO IN THE WEST BOUND TRAVEL LANE OF RP 1535. AFTER IMPACT VEHICLE ONE CAME TO REST PARTIALLY IN THE ROAD AND VEHICLE TWO CAME TO REST IN THE ROADWAY.

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

ADDITIONAL PROPERTY DAMAGE _____

WITNESSES

Name _____ Address _____ Phone No. (_____) _____

Name _____ Address _____ Phone No. (_____) _____

Name 1 - DAVID HOWARD MORTON IV Charge(s) 36302E4 - MISDEMEANOR DEATH BY MOTOR VEHICLE

Name _____ Charge(s) _____

Officer Name A B Carter Officer Number 1839 Department North Carolina State Highway P Date of Report 12/05/2010