

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

103012023

Date Received by DMV

11/14/2010

No. of Units Involved Form 1 of 2 Supplemental Report Non-Reportable

Date 11/12/2010

County DAVIDSON

Time 15:36

Local Use/Patrol Area 101112141EA/03

33 Relation to Roadway Surface 1 Crash occurred  In Near THOMASVILLE or 4.01 Miles N S E W outside municipality  
 on NC 109 Municipality (R.R. Crossing # 0.82 Miles (0 ft. Intersection) ft. N S E W (if available)  
 Highway Number, or Highway, Street, (if ramp or service road, indicate on line) Ramp or Service Road  
 ## from RP 1755 toward RP 1753  
 Use Highway Number, Street Name or Adjacent County or State Line N S E W Use Highway Number, Street Name or Adjacent County or State Line  
 Latitude Longitude Altitude

UNIT #1  VEHICLE  PEDESTRIAN  HIT & RUN  COMMERCIAL VEHICLE  
 Driver NANCY CATHERINE GRIFFIN  
 First Middle Last Suffix  
 Address 925 BILOXI AVE  
 City KERNERSVILLE State NC Zip 272846504  
 Same Address on Driver's License?  Yes  No Driver's Phone Numbers H (336) 745-8833 W ( )  
 D.L. # 3455620 State NC  
 CDL License   
 DOB 09/15/1955 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)

Owner NANCY CATHERINE GRIFFIN  
 Same as Driver?   
 Address 925 BILOXI AVE  
 Same Address as Driver?   
 City KERNERSVILLE State NC Zip 272846504  
 Plate # MYK4115 Plate NC Plate 2011  
 State Year  
 VIN JF1SF6554YG712910  
 Vehicle SUBARU Vehicle 2000 41 Vehicle Style (Type) 1 42 Vehicle Drivable  Yes  No  
 Make Year  
 43 TAD RD-6 44 Estimated Damage \$5000  
 Insurance TWIN CITY FIRE  
 Company  
 Policy # 22PH899370

UNIT #2  VEHICLE  PEDESTRIAN  HIT & RUN  OTHER  
 Driver SONIA IVETTE PEREZ  
 First Middle Last Suffix  
 Address 3205 BASS AVE  
 City VALDESE State NC Zip 286909527  
 Same Address on Driver's License?  Yes  No Driver's Phone Numbers H (828) 390-0708 W ( )  
 D.L. # 28395569 State NC  
 CDL License   
 DOB 08/07/1965 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)

Owner WESTERN NC SCHOOL FOR THE DEAF  
 Same as Driver?   
 Address 517 W FLEMING DR  
 Same Address as Driver?   
 City MORGANTON State NC Zip 28655  
 Plate # PK9060 Plate NC Plate 2011  
 State Year  
 VIN 1GBHG31U971149873  
 Vehicle THOMAS Vehicle 2008 41 Vehicle Style (Type) 7 42 Vehicle Drivable  Yes  No  
 Make Year  
 43 TAD FD-6 44 Estimated Damage \$10000  
 Insurance TRAVELERS  
 Company  
 Policy # TZ62036

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# \_\_\_\_\_ Gross Vehicle Weight Rating \_\_\_\_\_

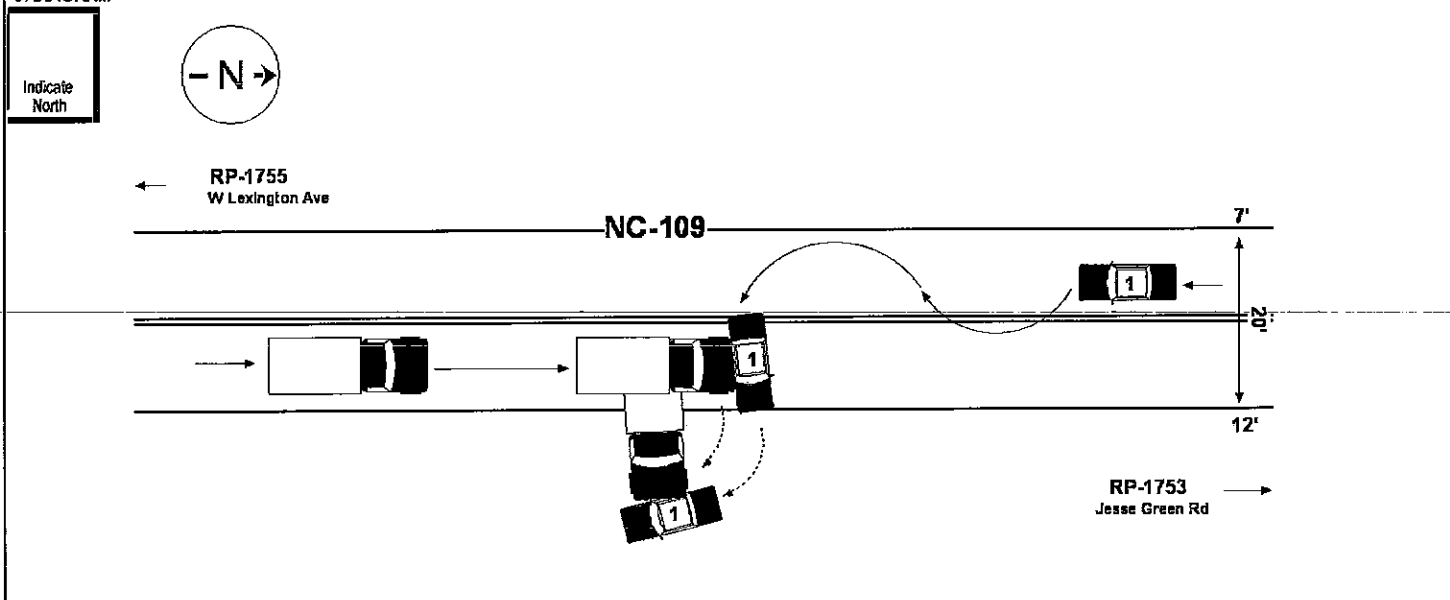
	21	22	23	24	25	26	27	28	29	30	31	32	Names and Addresses for All Persons (Unit 1/Unit 2 Drv., Ped., etc. - See Above); Use check blocks if address same as Driver
A	1	1	1	Unit 1-Drv 1, Ped 1, etc. see above	W	F	2	1	0	1	1	1	see above Veh# 1 Towed To/By: BUCKS WRECKER SERVICE/BUCKS WRECKER SERVICE
B	2	1	1	Unit 2-Drv 2, Ped 2, etc. see above	H	F	2	2	0	2	1	3	see above Veh# 2 Towed To/By: NC PUBLIC SCHOOLS WRECKER/NC PUBLIC SCHOOLS WRECKER
C	2	2	6	07/30/1974	W	F	1	2	0	2	1	3	REBECCA JEAN SHELTON 305 E MAIN ST, MORGANTON, NC 286557279
D													
E													
F													
G													
H													

46 Name of EMS A-DAVIDSON COUNTY  
 47 Injured Taken THOMASVILLE MEMORIAL, THOMASVILLE  
 by EMS to (Treatment Facility and City or Town)

46 Name of EMS BC-DAVIDSON COUNTY  
 47 Injured Taken BAPTIST HOSPITAL, WINSTON SALEM  
 by EMS to (Treatment Facility and City or Town)

48 POINTS OF INITIAL CONTACT (Write in Codes)			VEHICLE INFO.		ROADWAY INFO.		WORK ZONE RELATED	
Unit# 1 18 19 20 Unit# 2 1 2 3			Veh # 1 Veh # 2		69 Road Feature		78 Workzone Area	
CRASH SEQUENCE (Unit Level)			80 Authorized Speed Limit		70 Road Character		79 Work Activity	
Unit# 1 Unit# 2			55 55		2		80 Work Area Marked	
49 Vehicle Maneuver/Action			61 Estimate of Original Traveling Speed		71 Road Classification		81 Crash Location	
4 4			55 45		3			
50 Non-Motorist Action			62 Estimate of Speed at Impact		72 Road Surface Type			
			45 45		3			
51 Non-Motorist Location Prior to Impact			63 Tire Impressions Before Impact (ft.)		73 Road Configuration		TRAILER INFO.	
			193 0		2		Unit# 1 Unit# 2	
52 Crash Sequence - First Event for This Unit			64 Distance Traveled After Impact (ft.)		74 Access Control		82 Trailer Type	
6 30			21 9		1		00 00	
53 Crash Sequence - Second Event			65 Emergency Vehicle Use		75 Number of Lanes		1st Trailer No. Axles	
30 1					2		Width (inches)	
54 Crash Sequence - Third Event			66 Post Crash Fire (if "Yes" check block)		76 Traffic Control Type		Length (feet)	
2			<input type="checkbox"/> <input type="checkbox"/>		13			
55 Crash Sequence - Fourth Event			67 School Bus - Contact Vehicle		77 Traffic Control Oper		2nd Trailer No. Axles	
5			<input type="checkbox"/> <input checked="" type="checkbox"/>		1		Width (inches)	
56 Most Harmful Event for This Unit			68 School Bus - Noncontact Vehicle				Length (feet)	
30 30			<input type="checkbox"/> <input type="checkbox"/>					
57 Distance/Direction to Object Struck			COMMERCIAL VEHICLE: Hazardous Materials Involvement				83 Unit Overwidth Trailer and Overwidth Mobile Home	
0 0			Haz Mat Placard <input type="checkbox"/> Yes <input type="checkbox"/> No		From Placard indicate: <input type="checkbox"/>		Overwidth Permit #	
58 Vehicle Underide/Overide			Hazardous Cargo <input type="checkbox"/> Yes <input type="checkbox"/> No		4-digit placard number or name from diamond or box			
3 3			Released (does not include fuel from fuel tank)		1-digit number from bottom of diamond			
59 Vehicle Defects			Carrying Haz Mat <input type="checkbox"/> Yes <input type="checkbox"/> No					
0 0								

84 DIAGRAM



Unit# 1 was:  Traveling  Parked Facing  N  S  E  W on NC 109  
 Unit# 2 was:  Traveling  Parked Facing  N  S  E  W on NC 109

85 NARRATIVE (Include pertinent and unusual aspects, which are not listed elsewhere on the form) **VEHICLE #1 WAS TRAVELING SOUTH ON NC-109. VEHICLE #2 WAS TRAVELING NORTH ON NC-109. VEHICLE #1 CROSSED THE CENTERLINE, OVERCORRECTED BACK TO THE RIGHT, LOST CONTROL AND CROSSED THE CENTERLINE A SECOND TIME INTO THE TRAVELING PATH OF VEHICLE #2. VEHICLE #2 COLLIDED INTO VEHICLE #1 IN THE NORTHBOUND LANE OF NC-109. VEHICLE #1 RAN OFF THE ROADWAY TO THE LEFT, OVERTURNED AND CAME TO REST ON ITS LEFT SIDE ON THE NORTHBOUND SHOULDER OF NC-109. VEHICLE #2 RAN OFF THE ROADWAY TO THE RIGHT AND CAME TO REST PARTIALLY ON THE NORTHBOUND SHOULDER OF NC-109 AND THE NORTHBOUND TRAVEL LANE OF NC-109.**

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

WITNESSES  
 Name **CHRISTY C CALLAHAN** Address **14 TESH ST, THOMASVILLE, NC 27360** Phone No. **(336) 313-6454**  
 Name **WANDA M. WARD** Address **39 BIRDIE DR, WHISPERING PINES, NC 28327** Phone No. **(910) 949-6537**

TRAFFIC VIOLATION(S)  
 Name \_\_\_\_\_ Charge(s) \_\_\_\_\_  
 Name \_\_\_\_\_ Charge(s) \_\_\_\_\_

Officer Name **S E McHenry** Officer Number **2188** Department **North Carolina State Highway P** Date of Report **11/12/2010**