

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.

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Form header section including: 2 (No. of Units Involved), Form 1 of 3, Supplemental Report, Non-Reportable, 201041479, Date 12/10/2010, County GUILFORD, Time 17:00, Local Use/Patrol Area BEAT 8, Date Received by DMV, 33 Relation to Roadway Surface 1, Crash occurred In Near HIGH POINT, 2029 SANDY RIDGE RD, JOHN KNOX DR, THE LINKS DR.

Unit information section for Unit # 1 and Unit # 2. Includes Driver (AYTEN SEZANOL GOSHEN, JUSTIN MICHEAL BOYD), Address (924 N ROTARY DR, 1244 RAY ST), City (HIGH POINT, KERNERSVILLE), State (NC), Zip (27262, 27284), License info, D.L. #, DOB, Vision/Physical Condition, Alcohol/Drugs Suspected, Results, Vehicle Make/Year/Style, Estimated Damage.

Owner information section for Unit # 1 and Unit # 2. Includes Owner (AYTEN SEZANOL GOSHEN, BRANDY LYNN BOYD), Address (924 N ROTARY DR, 1244 RAY ST), City (HIGH POINT, KERNERSVILLE), State (NC), Zip (27262, 272849432), Plate # (MPA2836, YSK5859), VIN (1HGCG1650WA048863, 2J4FY19EXLJ519650), Vehicle Make/Year/Style, Estimated Damage, Insurance Company (NATIONWIDE MUTUAL INSURANCE CO, STANDARD FIRE INSURANCE CO), Policy #.

Commercial Vehicle section (20: COMMERCIAL VEHICLE). Includes Cargo, Carrier Name, Address, Source, Carrier Identification Numbers, GVWR, Axles, US DOT#, ICC#, State, State#, IFTA#, FEIN, Fleet#, Gross Vehicle Weight Rating.

Table with columns 21-32 and rows A-H. Row A: 1 1 1 Unit1-Drv1, Ped1, etc. see above. W F 2 2 3 1 1 1 see above. Veh#1 Towed To/By: HIGH POINT TOWING - 705 HIGH POINT TOWING. Row B: 2 1 1 Unit2-Drv2, Ped2, etc. see above. W M 0 0 0 2 1 3 see above. Veh#2 Towed To/By: HIGH POINT TOWING - 705 HIGH POINT TOWING.

EMS and Hospital information section. 46 Name of EMS A,B GUILFORD COUNTY EMS. 47 Injured Taken by EMS to A HIGH POINT REGIONAL (Treatment Facility and City or Town). 48 Name of EMS B. 49 Injured Taken by EMS to B MOSES CONE HOSPITAL - GBORO (Treatment Facility and City or Town).

DIAGRAM

